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ABSTRACT

A National Council on Social Work Education project to develop, test, and evaluate models for continuing education in five social work education programs is described. Its aim is to demonstrate how the education and practice systems can work together, and to focus on mental health care delivery system issues as a whole. Five pilot projects in Alabama, Illinois, Philadelphia, Utah, and Virginia are reported. Alabama's program focused on statewide education in management for directors and other management staff in community and state mental health facilities. The Illinois project was an experimental laboratory at the University of Illinois at Chicago Circle to make continuing education more responsive to practice. Philadelphia's program emphasized the training of outreach workers in three centers. The Utah "Explorations in Living" program was designed to teach parenting skills to high school students. Virginia's program was an ongoing one for leadership in Richmond mental health services, and for lay members and staff of community mental health and retardation boards. A concluding essay discusses the process of continuing education within a collaborative framework. Four areas of learning are identified for special attention: institutional change and how it affects delivery systems; interdisciplinary learning; the learning/teaching transaction, and the unique role of the continuing education educator; and innovation and flexibility in teaching. Appended are a list of participants and a list of practice systems and educational institutions represented at a Chicago workshop in 1976. (MSE)

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Expanding the Boundaries: Continuing Education in the Community Mental Health System

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Edited by
Deborah Miller

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Foreword

The Council on Social Work Education is pleased to make available this important document, *Expanding the Boundaries: Continuing Education in the Community Mental Health System.* It represents our significant effort to implement the recommendations of a Council Task Force on Practice and Education, established in 1972. This task force was mandated by the Council's Board of Directors to address the need for social work practice and education to participate in a partnership geared toward improving the educational process.

The objective of this project was to develop, test, and evaluate models for continuing education in five social work education programs. The project was planned and carried out with the involvement and cooperation of community mental health leaders and social work educators.

As Deborah Miller so aptly states in her Preface, "Collaboration became the organizing principle of this effort." This volume clearly documents creative ways in which the quality of mental health services can be enhanced through cooperative efforts between the mental health practice community and social work education, in order to insure optimum utilization of the knowledge, experience, and expertise of each.

It is our hope that this comprehensive report will provide valuable insights for social work educators, practitioners, and other mental health professionals concerned with improving the quality of mental health services to people in need.

Sincere thanks are extended to the many participants in the program and to Deborah Miller for her leadership in this effort.

CARL A. SCOTT
Associate Executive Director

Preface

Continuing education is becoming an essential component in all professional fields, including social work, as both educators and practitioners come to realize that current wisdom often may be insufficient in dealing with human problems. With it has come the recognition that we must expand the boundaries of knowledge about continuing education as a process, and to make continuing education a diverse and responsive system.

New conditions are making it necessary for both the education and practice systems to reexamine their policies and practices, to change what is outmoded, and to be vigorous and imaginative in finding better ways to provide the services each is mandated to perform. As a result, each can be influenced by the innovations and developments of the other and increase its own effectiveness.

The project reported on in this monograph was built on a recognition of these facts and on the assumption that collaboration between the practice and education systems can be immensely valuable. It saw continuing education as an essential instrument for enhancing the service delivery capacities of professionally educated personnel and as a critical issue to which both systems must give ever-increasing attention.

The experiences of this project made it clear to the planners that most organizations and agencies that recognize the need for continuing education cannot organize to deliver it without incurring great expense and using inordinate amounts of time. Therefore it falls on the educational institutions, which have the resources and whose function is education, to recognize continuing education as an obligation equal to that of preparatory education, to become fully sensitized to the special requirements of education for experienced and knowledgeable adults, and to tool up in all the ways necessary to provide it effectively. Collaboration between them can facilitate such educational developments.

The Council on Social Work Education conceived this continuing education project in community mental health as a way to demonstrate how the education and practice systems can work together in planning and providing continuing education, and to focus on the problems and aspirations of the delivery systems rather than uniquely on the educational needs of individual professionals. Learning was to be designed in response to needs that the delivery system identified, and to changes it considered important for better client services. Conceptually, CSWE viewed education and practice as interrelated and interdependent. Collaboration became the organizing principle of this effort. The project took as its framework the development of structured communication and collaboration between the two systems, in order to build high quality continuing education for the benefit of community mental health service delivery.

Collaboration was seen as a working, task-oriented dialogue between the academically based continuing education program and the mental health service delivery system. It was viewed as an outgrowth of recognition by the two systems of shared programmatic objectives and an appreciation of the fact that working in concert, they could realize these objectives better than as two disconnected systems. Collaboration was considered to be a way to minimize interorganizational barriers to effective communication, to impact as much on the instructor as on the practitioner and on both their institutions. It implied that all were learners, obliged to examine their own roles and how they function in them. Commitment to continuing education implied joint planning and active participation, a readiness to pool fiscal, personnel, and information resources, a willingness to make practitioner time available for learning, and a joint responsibility to make the relationship achieve the desired ends. Collaboration was considered the vehicle by which the educator and community mental health leader could become working partners.

In soliciting the collaboration of schools of social work in five areas of the country, CSWE sought to experiment in certain defined directions, to engage these schools in an effort "to create, test, and refine continuing education models from which social work and related mental health professions would benefit." It linked the schools of social work with the community mental health system in a common enterprise to: (1) demonstrate the benefits for both continuing education and community mental health that come from pooling the knowledge, experience, and expertise that both sources can richly provide, (2) focus on interdisciplinary team effort, and (3) bring to a selected number of professionals in community mental health settings new insights and capacities for coping effectively with their own problems and realities.

This demonstration could have been carried out in a variety of practice fields. Community mental health was selected because of: (1) *the expanding and changing nature of the mental health field,* particularly from hospital-based to community-based services; the variety of human needs encompassed in mental health; the rapid growth of community mental health centers; and the crucial need nationwide for mental health manpower able to adapt flexibly to changing demands; (2) *the considerable number of social workers* engaged in mental health services, on a variety of levels, in a multitude of settings, and in a diversity of services; and (3) *the interdisciplinary nature of the setting,* in which social workers are part of a team that includes professionals, paraprofessionals, and aides from other disciplines in addition to their own.

Considerable impetus for the development of continuing education programs in mental health came from the National Institute of Mental Health. In 1966 it established the Continuing Education Branch, thus going beyond its long-standing support of preparatory education in the mental health professions to include a new emphasis on continuing education. Manpower needs as related to the national mental health effort at the time left no doubt that greater emphasis had to be placed on continuing education for all mental health personnel. Over the past several years, NIMH has pursued several continuing education program development strategies, among which were:

1. To increase the quantity and quality of university-sponsored continuing education programs, which in turn would enhance mental health service delivery.
2. To encourage community and state mental health delivery systems to make continuing education an integral component of their planning and programmatic efforts.
3. To urge collaboration between the academic and service delivery sectors, which would reflect concomitantly NIMH's commitment to interdisciplinary approaches to continuing education.

With these programmatic priorities in mind, CSWE decided to address the mental health field directly and invite the education and practice systems to join in this collaborative experience.

CSWE facilitated and coordinated the individual projects, and provided the larger context of expectations and standards. CSWE was the catalyst that motivated the schools to join this collaborative experience.

The planners participated with enthusiasm. A sustaining boost came from their association with the other teams and from their commitment to the national project. However, the real "electricity" was generated when they worked as teams in their own settings. It was the vigor of the interactions among them, the searching and planning together, and the departures from conventional thinking that were most challenging and exciting.

It is with deep gratitude that CSWE acknowledges the substantial contribution of these five teams, and the considerable energy and time they gave to their pilot projects over three years of active work. The project reaffirmed that the potential for creative resourcefulness exists, and only needs to be tapped.

This project involved a great many people, all of whom contributed to the experiences described in this volume. Invaluable perspectives were contributed from the world of practice. The universities provided the benefit of an intellectual climate and academic staff strongly committed to the philosophy and functions of continuing education. To the members of the pilot teams and the host of others associated with them whose contributions may have been less extensive but unquestionably important, the Council expresses its profound thanks.

The members of the National Project Committee carried the extra responsibility of making sure that their own pilot projects contributed to overall national goals. The Council is indebted to Jerry E. Griffin and Thomas J. Pirkle of Alabama, Frieda H. Engel and Matthew D. Parrish of Illinois, Cheri A. Owen and Seymour J. Rosenthal of Philadelphia, Don R. Muller and Phyllis C. Southwick of Utah, and Edna V. Allen-Bledsoe and Florence Z. Segal of Virginia. They and fellow members of their pilot teams wrote the chapters about their own projects for this monograph. Jerry E. Griffin and Seymour J. Rosenthal, in the conceptual concluding chapter, developed the chart and shared responsibility for expressing the thoughts all had jointly formulated.

We called on people outside the project when their guidance was needed. Beulah Rothman and Stuart Langton were valuable resource persons in the beginning stages of planning, and Kay Dea helped as process consultant when we evaluated the project as a whole.

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PART I

The National Project: Overview and Perceptions

1

The National Project: Overview

by Deborah Miller

THE RATIONALE

The CSWE Continuing Education Project in Community Mental Health was conceived on the rationale that (1) there is need for increasing the competency of personnel in community mental health programs, (2) continuing education is an indispensable resource for service delivery systems – an agency's effectiveness and accountability relate directly to the knowledge and skill of its personnel, and (3) schools of social work have a responsibility to participate in the updating of personnel by making their resources and knowledge accessible to the various practice fields.

Four areas of learning were identified for special attention, with the hope that useful learning and new insights would emerge. These areas, which formed a frame of reference for the project design, were:

1. *Institutional Change.* Delivery systems, if they are to remain in step with changing demands and serve the community effectively, are required to plan for change. Individual workers are obliged to become more responsible about their role in effecting change. Continuing education programs have a responsibility to design educational experiences

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with a broad context so that discrete learning is part of a total organizational context and contributes to the individual's capacity to modify programs and make an impact on the community mental health service system.

2. *Interdisciplinary Learning.* Mental health services are provided by professionals from different disciplines, each contributing special competencies that are necessary to meet the wide range of individual, family, and community needs. Social workers in the mental health setting are part of an interdisciplinary team. Educational experiences therefore need to reflect the multimethod, problem-centered, and interdisciplinary focus of practice.
3. *The Learning/Teaching Transaction.* Continuing education faculty need to be aware of and committed to the philosophy and functions of continuing education, as well as sensitized to the problems and potentials of teaching experienced adult learners. Likewise, they need to be inventive in developing strategies for self-directed learning. It is necessary, therefore, to give particular attention to the preparation of faculty for the unique teaching roles of the continuing educator.
4. *Innovation.* Continuing education is a flexible system that permits freedom to experiment with innovations in education. Thus program planners have the latitude to depart from tradition, to take risks, and to establish close connections with the world of practice. Such innovations need encouragement.

GOALS

This project was designed to bring together the continuing education structure of the school of social work and the community mental health system as "teams" in an enterprise to seek out and test new ways to educate social work and other practitioners in mental health for more effective services. The key goals of the project were:

1. To help schools of social work improve and expand their continuing education activities in relation to community mental health, while accounting for the interdisciplinary setting in which social workers function.
2. To enlist a selected number of schools to develop innovative approaches to a collaborative model of continuing education with the community mental health delivery systems, which are responsive to changing service patterns.

3. To strengthen the effectiveness of the pilot programs by promoting an interchange of ideas among their staffs.
4. To disseminate information about the pilot programs to a large number of schools, in order to stimulate the proliferation of similar programs.

In pursuit of these goals over a three-year period, there were several project activities. The first was to devise and implement five different approaches to a collaborative interorganizational continuing education strategy. These five pilot programs were to be conducted in different geographic regions, in both urban and rural settings, where the focus would be on specific local realities without precluding replication elsewhere.

Second, it was considered useful to carry out a series of workshops as a way of stimulating new and creative efforts for the continuing education of professional personnel in the community mental health field. These workshops were addressed to both the pilot planning teams, to permit them to view each program within the context of the total project, and to 15 other planning teams, to encourage them to embark on training programs for community mental health practitioners in their own regions. The third type of activity was to organize an evaluation conference in order to assess the total experience of the project and to recommend future goals, activities, and areas of research. Finally, the fourth type of activity was to set forth the experiences and learning of this project in a monograph on continuing education in community mental health, for use by social work educators, agency planners, and professionals engaged in continuing education in related fields.

THE PRELIMINARY PLANNING YEAR, 1973-1974

The Council on Social Work Education initiated planning for this project a year in advance of its formal approval by NIMH. This timetable permitted CSWE to select the pilot teams, elaborate its plans, engage the teams in building relationships as well as planning, and be prepared to launch the program as soon as official authorization was received.

Selecting the Pilot Teams

Initial contacts were established with five graduate schools of social work to determine their interest in joining CSWE in this project, as well as the readiness of the community mental health leadership in their communities to collaborate with the schools on this project. Among the criteria applied in selecting the project participants were: (1) a geographic spread across the nation, (2) a variety of settings (rural, urban, suburban), (3) a diversity of populations served, (4) the possibility for continuation of the pilot projects beyond the duration of this project, and (5) their potential for providing or recruiting leadership and other resources.

There were two additional factors included in the selection process. First, an effort was made to include both well-established continuing education programs as well as those in earlier stages of development. As a result, three of the five programs selected were well-established, while two were new. Second, it was decided that none of the participating programs should have had previous collaborative experience around continuing education with the community mental health system in question. The intent here was to keep the collaborative process uncomplicated by the existence of previous interorganizational relations.

As the schools were briefed on the project plan of action, each was requested to meet with key community mental health leaders, on state and local levels, to discuss the overall national project in relation to the respective commitments each would assume as well as the mutual benefits they would derive. It was critical for both sectors to understand that participation would entail a substantial commitment of time and resources.

The schools responded with considerable interest. Both the schools and those with whom they met viewed this project as a welcome opportunity to (1) bring a variety of benefits to their own community mental health services and to those providing them, (2) contribute to the profession through a national demonstration project that offered intrinsic rewards, and (3) build linkages between two systems with a common stake in the quality of social service delivery.

The five graduate schools that joined CSWE in the project were the School of Social Work at the University of Alabama; the Jane Addams College of Social Work at the University of Illinois, Chicago Circle; the School of Social Administration at Temple University; the Graduate School of Social Work at the University of Utah; and the School of Social Work at Virginia Commonwealth University. Counterpart mental health organizations included the Alabama State Department of Mental Health, the Illinois State Department of Mental Health and Developmental Disabilities, the Philadelphia County Office of Mental Health and Mental Retardation, the Pennsylvania Southeast Regional Office of Mental Health, the Pennsylvania State Bureau for Research and Training – Office of Mental Health, the Utah State Division of Mental Health, and the Virginia State Department of Mental Health and Mental Retardation.

Financing the Pilot Projects

Financial patterns were to be established early in the planning. It was expected that the chief source of funding would be a contract negotiated by the school of social work, the state department of mental health, and/or other participating community mental health delivery systems. Additional sources of funding, if they were required, were to be sought by the partners. It was assumed that such efforts in raising funds might provide a useful component to the learning process. It was recognized that planners in a pilot enterprise often wish some financial latitude were possible for innovation or experimentation, but that this seldom is so. Since innovation was to be strongly emphasized in the national project, a limited "innovation fund" was instituted from which the pilot teams could draw.

Planning the Pilot Projects

The critical community mental health problem area to be addressed, the target populations for whom new or revised services are intended, the learners to be involved in the educational process, how the new learning is to be integrated into practice, and similar determinations generally are made by the community mental health leaders as they study and analyze their priority needs and delineate their objectives. Defining the educational format, the goal setting and evaluation processes, the learning experiences to be designed, the faculty to be involved (including adjunct faculty from the practice field), the resources of the university to be tapped, and other aspects of educational programming generally require the expertise of the continuing education specialist. In the pilot programs, all these processes were to be shared by the total team. The planners were encouraged to seek imaginative, pragmatic approaches to collaboratively think through ways in which the best learning could be achieved.

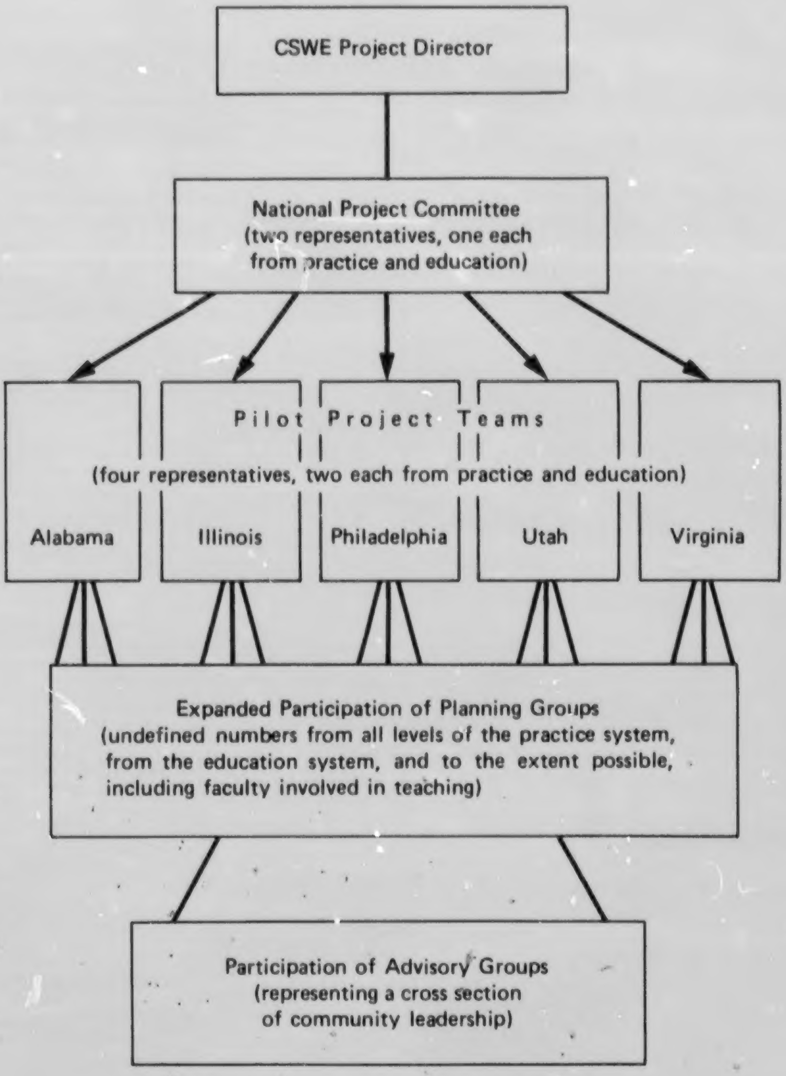
THE PROJECT YEARS, 1974-1977

Prior to the official inception of the project in July 1974, extensive work already had been invested in planning and development, and events were in full swing. Assessment of need had been launched in each state, involving many people at various levels. Decisions about subject areas and target learners were being made and objectives were beginning to emerge. In short, collaboration was occurring even before implementation.

Project Leadership

The national project was dependent upon and facilitated by a variety of cooperative relationships. Foremost was the *National*

FIGURE 1
Leadership Structure of National Project


CSWE Project Director
National Project Committee
(two representatives, one each
from practice and education)
Pilot Project Teams
(four representatives, two each from practice and education)
Alabama
Illinois
Philadelphia
Utah
Virginia
Expanded Participation of Planning Groups
(undefined numbers from all levels of the practice system,
from the education system, and to the extent possible,
including faculty involved in teaching)
Participation of Advisory Groups
(representing a cross section
of community leadership)

Project Committee, which included two members from each collaborating team, one representative from education and one from practice. It met twice annually, assisted in planning the national activities, engaged in systematic progress reviews, related local planning to national goals, recommended directions for subsequent action, and provided leadership in disseminating information.

Planning responsibility for the individual pilot projects was carried by a *pilot team* of four, comprising the two representatives of the National Project Committee, plus two additional people, one from practice and one from education. This was the nucleus of the planning/action team in each state. They were the key leaders and spokesmen for their individual projects both within and outside their state.

The *staff* function was carried by CSWE, whose continuing education program specialist served as project director. She coordinated the activities of the teams, took responsibility for the administration, planning, and implementation of all activities of the national project, and maintained close contact with each of the pilot teams and the planning groups, meeting with them and providing support services. In order to facilitate coordination, monitoring, and general project development, reports were solicited from the teams at specified dates. An "Outline for a Common Framework" was used as a reporting guide. The leadership structure of the national project is depicted schematically in Figure 1.

National Support Activities

A variety of national activities were implemented to support the pilot projects, and enhance communication, coordination, sharing, and collaboration. During the first half-year, two workshops were held for the pilot teams in Tuscaloosa, Alabama, and in Richmond, Virginia, permitting them to share their tentative educational models with resource persons and each other; sharpen their own thinking, perspectives, and plans; and view these efforts within the context of the national goals. A sense of shared ownership of the project began to emerge and became the first step in building a group commitment, trust, and sense of common purpose that characterized the relationships throughout, and became an essential strength of the project.

Implementation

The spring of 1975 and the academic year 1975-76 were scheduled for the implementation of the programs. Formats varied considerably, as did the categories of learners, the nature of the educational efforts, and the outcomes. The time period of a year-and-a-half for implementing the various collaborative approaches to continuing education seemed long at first, but the planners quickly recognized that time is an essential and inescapable factor in continuing education, particularly when institutional change is a goal, when dysfunctional practices and services may have to be dealt with, when interagency obstacles to planning and program development may have to be overcome, and when these and other desired changes are dependent on collaboration that is built up only over time.

Dissemination

By the spring of 1976 the pilot projects were well-advanced, the assessment process was largely completed, many revisions had been made, and much had been learned. The pilot teams were ready to share their experiences with others. Sessions were scheduled at the CSWE Annual Program Meeting in 1976, and again in 1977. A workshop for 15 new teams was organized in Chicago in April 1976 to encourage similar collaborative arrangements and the initiation of additional continuing education programs for community mental health personnel in other geographic areas.

Several community mental health projects were initiated as a result. Unsuccessful attempts to raise funds restrained others. The resources of the national project, unfortunately, could not offer these teams the leadership given by CSWE to the five, or the opportunity for continued interchange among them. Therefore any follow-up was dependent on the initiative of the individual teams.

Evaluation

Evaluation was ongoing, within the pilot projects as well as the national project. Evaluation processes were expected to be realistic and manageable, sufficient to provide useful feedback and guide program changes rather than costly evaluative research that might be neither appropriate nor justified.[1] Reviews at each meeting of the National Project Committee permitted an examination of progress and problems and how these affected overall goals. The documentation and analyses in the written reports contributed systematically to this assessment as well. Each team was thus informed about the status of the other projects and benefitted from the perceptions of their colleagues. Within each pilot project, individual continuing education events were examined not only in relation to their own objectives, but also in relation to the overall model.

In the fall of 1976 a conference was held to evaluate the total experience and draw implications from it, to abstract the concepts and principles which could be shared with a larger public. The individual pilot projects had been completed, at least as they fulfilled the requirements of the national project, and it was now possible to identify the common learning which had occurred. These insights are reflected in the project descriptions in Chapters 2-6, as well as in Chapter 7.

PERCEPTIONS OF THE PROJECT

The Collaborative Process

The fulfillment of the premise that the academic institution and the community mental health system can gain from a creative partnership became evident as the collaborative process unfolded. Collaboration enabled the partners to become acquainted with the strengths of the others and to determine the best way to contribute to the common effort. It encouraged a long-range perspective in planning, and enabled them to anticipate where new efforts might follow those already underway.

When a relationship had previously existed, the partnership arrangement was simple to initiate. But this was not always the case. There were instances of no prior contacts, and then the collaboration had to evolve gradually and initial uncertainties had to dissipate before a relationship could take root. Interest in a given undertaking related to how convincingly planners demonstrated to the decision makers the benefits that would accrue and the ways in which education could contribute to significant goals. Interest in subsequent undertakings related to how successfully these promises were fulfilled. Although the national project came to a close in June 1977, most of the projects did not. New initiatives followed on a foundation of relationships already established.

An aspect of continuing education that is of much concern to planners is the extent to which learning is subsequently applied in practice. Some assurance is sought that the time, effort, and money invested ultimately results in improved services to beneficiaries. For both practice and education, a return on their investment is measured by how well the growth in knowledge and understanding results in useful change, such as more effective policies and practices, improved relationships within the system and in the community, or refinement of skills. In these areas, a number of worthwhile gains were made.

Involving key persons at top levels in the practice system in the continuing education planning process proved to be a valuable first step. It secured their commitment and facilitated the subsequent involvement of additional persons at various levels within the system who were close to the problems of practice and whose insights were indispensable. Broadening the base of participation was valuable and helped build interest and enthusiasm for learning. Many persons participated throughout the planning by fulfilling specific tasks, contributing information, or articulating their own learning expectations.

Innovation

Innovation is an essential feature of continuing education. There is much to learn about continuing education as a process if it is to maintain its own validity as well as contribute to the vitality of service systems. One could argue that innovation also is consistent with the needs of a changing society.

Among the strong points of continuing education as an educational function and a philosophy are its openness, responsiveness, flexibility, and freedom to act in unprecedented ways in helping learners find solutions to their problems. It is not subject to many of the regulations of the university because it is not degree-granting. Innovations can be made in any aspect of educational planning. It is important for continuing educators to be persons who are creative, comfortable with change, and capable of coping with inevitable obsolescence.

What the five pilot teams created in their projects conceivably may have been done elsewhere, but in their own settings all broke new ground. Each project developed its special characteristics because it responded to the needs identified by the planners. Some projects were unique to the experience of the group; others were unique conceptually. Because of the wide diversity of need from which the planners had to choose, it is reasonable to assume that another set of actors in the same circumstances may have selected other options and produced different results. The team composition in each instance resulted in the realities being perceived and structured in a given way. Any selection of program options is bound to be a variable depending on the interests of the people who compose the team, the political pressures of people in the community, and realities of this kind.

Institutional Change

The focus of the continuing education effort was on the service organization as a unit, on its problems and priorities; and on its desire for change. With community mental health services mandated by state legislatures and with the deinstitutionalization scene in transition, finding community solutions to mental illness problems also meant taking a new look at the professional qualifications of personnel and their ability to deal with change. The need for institutional change and for retraining personnel began to be seen as inseparable, and continuing education began to be viewed as a viable means of realizing both needs.

Four projects chose deinstitutionalization as their point of departure, with each pursuing a different course. Utah alone chose a theme of prevention, through introducing mental health concepts into the secondary school system in an effort to cope with the problems of teenage youth. Continuing education in these projects accomplished the following: it improved service patterns in practice systems; created more efficient working relationships between different echelons of service; improved communication among service units in the community where barriers previously existed, and promoted interrelationships; achieved better understanding by state and local community services, including boards, of their respective roles, functions, and responsibilities; brought about more efficient utilization of manpower; and developed leadership skills. Substantive content in the learning process was focused on tasks and on-the-job problems.

Changes in the schools of social work, as referred to earlier, also took place. There was greater exposure by the school to the broad service system, in some instances state-wide; the continuing education programs provided an additional base upon which to adjust the mental health curricula and course content in degree programs of the school. Several chose to add new courses, such as "Mental Retardation," "Ethics and Issues in Mental Health," and "Treatment of Chronic Mental Patients." It provided faculty with the chance to test new assumptions and approaches with social workers and other professionals employed in the mental health system. Furthermore, it added insights about selection of faculty, faculty roles, and faculty qualifications, and made educators more sensitive to their teaching functions in continuing education. It also opened up field placements in new settings.

Interdisciplinary Relationships

There was a substantial interdisciplinary investment in these programs. Effective community action for mental health requires the services of many people-serving agencies, staffed by practitioners of various backgrounds. Since the continuing education projects focused on the delivery systems and staff training needs, the primary emphasis was on the functions staff performed rather than on the discipline they represented. In the training process, the professional identities of the project's participants were seldom evident.

The project achieved noncompetitive participation, in which the problems of service transcended traditional professional domains. They transcended as well the separation of lay, paraprofessional, and professional personnel. When the pilot projects were drawing to a close, the pilot teams were asked to list the different disciplines represented in the various aspects of the project. None were able to do so completely without some verification.

The projects benefitted from the broad spectrum of this interdisciplinary participation. The rosters of the national committee, the pilot teams, and other local planning groups included social workers, psychologists, psychiatrists, high school principals and teachers, rehabilitation specialists, nurses and nurse educators, police officers, lawyers, a mental health journalist, and others. Interdisciplinary participation also was noted in the community advisory bodies and the lay community mental health boards.

The resources of a number of departments in the university system were tapped for educational leadership in the programs. Faculty from political science, urban planning, public administration, business administration, social work, health sciences, nursing, law, child development, art, and nutrition were among those involved in planning, consultation, or teaching. Instructional resource staff from nonacademic settings included political leaders on national, state, and municipal levels, experts from government agencies, and practitioners from community services.

No attempt was made to identify the specific background of each learner, but the fields of practice were many, which may have contributed to the diverse insights that enriched the educational interchange.

The Learning/Teaching Transaction

Many learners in continuing education are experienced, knowledgeable, highly skilled, and professionally sophisticated people: "The more people know the more often they will go back to school throughout their working life . . . the more aware they will be of the need to hone their knowledge again and again."[2]

The majority of the project participants held top positions in their practice systems, even though learners of various educational levels and job categories were included. There was considerable variation, however, in their expectations from the learning experience, their views of the role of the teacher, and the degree to which they wished to take responsibility for their own learning.[3]

Rothman has offered a useful framework for the study of learning and teaching in continuing education, presenting different modes of stylistic strategies employed by the teacher to match the varying learning styles of participants in a continuing education program.[4] There is need to particularize the training approach to adult learners.

People learning together have the benefit of learning from each other while exploring assumptions and stereotypes they have of each other and of given situations. High levels of human interaction can be experienced when the teacher is sensitive to what each learner can contribute and wants to learn, and stimulates that interchange. Teaching is effective when the instructor relates a discussion to a body of knowledge and theory that will help the learners generalize this to other practice situations.

The pilot planning teams were free to seek their teachers from any source. A number were chosen from their own universities and practice settings, while others were recruited from outside their settings. Finding the right person for a given program turned out to be more critical than had been anticipated, since the tendency to teach in traditional ways by persons in both academia and practice was a constant problem. The shift from a concern for teaching to a concern for learning was not always easy. To the extent that the teachers were able to help the learners identify and solve their real problems, the response was better and interaction livelier. Working with heterogeneous groups was an experience that called for considerable sensitivity. So did the unexpected interorganizational rivalries and hostilities that surfaced. Finding an educational way to turn a problem of this kind into a constructive learning experience was part of the ingenuity and teaching skill needed.

It was necessary for the planners to prepare teachers for this role, although not all achieved it with equal success. Faculty who found adult learner groups challenging, and who were able to adopt an evocative teaching style and elicit substantial involvement of the group on important issues, found such teaching experience fruitful. These were the more creative projects, and these teachers were among the learners who gained new and useful skills.

Funding

The CSWE national project provided no financial resources for the pilot projects, except for a limited "innovation fund" that was conceived as a way to encourage and facilitate experimentation in areas not normally covered by operating budgets. It was hoped that the resourcefulness of the teams would produce the necessary support and demonstrate ways to develop a financial base for continuing education. The assumption was that a well-conceived educational plan addressed to needs that prospective funders would consider essential, had a good chance of eliciting continued support. It was further assumed that funding support could be found through nontraditional as well as traditional sources.

The planners were urged to proceed with the planning first. Once they were convinced of the merits of a plan it would be easier to present it convincingly to potential funders. Since the pilot projects were expected to be manageable in size, the amounts required were likely to be modest. The five experiences in obtaining funding were not identical, although all found it necessary to combine fiscal support from several sources. In addition to what the partner systems made available, contributions came from tuition fees, a state board of education, mental health centers, a state mental health foundation, a state office on volunteerism, a Junior League, and other private sources.

It required an investment of time by the planners to locate potential sources of support. For some, the opportunity this provided to interpret continuing education and the program under way to new community bodies, brought unanticipated and considerable public relations benefits to the collaborating organizations.

A variety of new ideas and programs emerged from these pilot efforts, both serendipitous and planned. Illustrations of some of the spinoffs and unanticipated gains are reported in the accounts of the individual projects that follow.

NOTES

1. An exception was the testing of Utah's pilot project. This was essential to perfect the final product, the "Explorations in Living" curriculum.
2. Peter F. Drucker, *The Age of Discontinuities* (New York: Harper & Row, 1969), p. 321.
3. Beulah Rothman, "Perspectives on Learning and Teaching in Continuing Education," *Journal of Education for Social Work*, Vol. 9 (Spring 1973), pp. 39-52.
4. *Ibid.*, p. 42.

PART II

The Pilot Projects: Alabama, Illinois, Philadelphia, Utah, Virginia

2

The Alabama Institute On Program Management

by Jerry E. Griffin &
Thomas J. Pirkle

* * *

Alabama's experimental continuing education program was statewide. It focused on education in management for directors and other management staff in community mental health centers, as well as unit directors in the state's mental hospitals. A series of short-term workshops spanned an 18-month period.

INITIATION AND PLANNING

An extensive period of time was devoted to preplanning activities. Initial discussions of the project between the University of Alabama School of Social Work and the Alabama Department of Mental Health were held in October 1973, but the first workshop did not get under way until February 1975. This was necessitated by the timetable and requirements of the CSWE national project, but in retrospect it proved to be extremely useful in bringing the two partner systems into a working relationship that was new in every sense, and in defining an educational program related to the real needs of a practice system undergoing much change.

Social, Political, and Economic Climate in the Academic and Mental Health Systems

In 1973, considerable public attention was focused on Alabama's state mental health program. Just a year earlier a federal district judge had issued a landmark decision, giving mental hospital patients the right to treatment for the first time. The case, *Wyatt* v. *Stickney*, established a precedent that has been followed in many other states. All mental health programs in Alabama were affected by the court order. Overcrowded hospitals were forced to release patients who did not need the restrictive environment of a hospital, and within months several thousand patients were returned to the communities. The accelerating need for adequate day treatment and aftercare brought the problem of community resources and services directly to the doorstep of the community mental health centers.

All the mental health centers except those in large metropolitan areas were relatively new. Nineteen were operational in 1973. By the conclusion of the project in 1977 there were 23, providing total geographic coverage. The State Department of Mental Health had been created by a legislative act as recently as 1965. Several major organizational changes took place subsequently, the first to effect racial integration, and the second to facilitate reintegration of patients into the community. Now a new change was being effected, which would abandon the previous system and establish services on a categorical rather than a geographical basis. Growth and change were constant phenomena. It seemed that more and more knowledge was needed to understand and relate to the complex issues involved in delivering services through a state-local system.

At the time the project was proposed in October 1973, the commissioner of mental health had resigned and no replacement had been appointed. This was complicated by other staff changes and assignments. The mental health system was in transition, and critical uncertainties dominated the scene. These factors then – newness, reorganization, need for planning, rapid expansion, shifting emphasis, and changing roles – made continuing education for personnel seem imperative.

No planned approach to continuing education existed. For various reasons, continuing education was not emphasized. Commissioners had encouraged staff to attend national meetings, and on occasion staff conferences and in-service training programs were held, but during the early 1970s even this had slowed down. While relations between the school faculty and the mental health department staff were always cordial, very little interaction took place around specific training efforts.

The School of Social Work also was new, having graduated its first MSW class in 1969. In 1973 a baccalaureate program had been added to the basic master's program but no formal program of continuing education was yet under way. Occasionally conferences and institutes were held, and the dean of the school was eager to institute continuing education on a regular basis.

Many faculty had a special interest in mental health and some had years of professional experience in mental health services. There was substantial interest in initiating a continuing education program through the impetus of the CSWE national project. Whereas a need for continuing education in mental health was recognized by both the department and the school, it seemed that an outside stimulus was needed to get a program off the ground.

Continuing education was not new to the University of Alabama. Its extension division had offered extended services and continuing education for some time. It had spawned the universities of Alabama in Birmingham and Huntsville several years earlier, and had initiated the University of South Alabama in Mobile as well. Continuing education programs on campus had representatives from almost all major academic divisions of the university.

With this background of a long history, a well-organized university program of services, and a supportive framework of university policies, it was relatively easy to initiate a continuing education program at the school.

Beginning of Collaboration

In October 1973 the first contact between mental health and social work education personnel was scheduled by the dean, who had previously affirmed the school's interest in participating in the national project to the Council on Social Work Education. Attending this meeting were the deputy commissioner of the Alabama Department of Mental Health, the dean of the school, other representatives from the school and mental health department, and the CSWE project director for this continuing education effort. Following a full examination of the proposed project and a consideration of what participation in a collaborative undertaking would entail, the decision was made to accept the CSWE invitation and join with the other four teams in this national venture. Subsequently, the director of professional services of the Department of Mental Health and the newly appointed director of continuing education at the school were named cochairpersons of the Alabama pilot project, each to represent his or her own system.

A major element in the collaborative process was the involvement of the Association of Mental Health Center Directors. This statewide body was brought into the picture very early and their interest and cooperation were solicited, as well as that of the centers they represented. The center directors pledged their cooperation and participated actively in developing the continuing education program, from which they were to be the principal beneficiaries.

Planning/Action Team Formed and Expanded

The Alabama project committee began with a core of two people, to which were added three members of the school faculty, an additional representative from the Department of Mental Health, and five directors or assistant directors of mental health centers. The project committee met approximately once a month, and the cochairpersons met on a weekly basis.

The early meetings of the committee were devoted to an overall view of community mental health in Alabama, directions the project might take, some glaring evidences of need and how continuing education might help, and ways to construct a worthwhile program of manageable dimensions. As word of the project spread, management personnel from the state mental hospitals requested inclusion. Thus the project became more broadly representative of the total mental health system in the state. The planning/action team as it finally evolved included faculty and staff from four principal settings: the State Department of Mental Health, the community mental health centers, the state mental hospitals, and the School of Social Work. The Association of Mental Health Center Directors played a key role.

Education and Training Needs Assessed by both Systems

Three major efforts were made to determine the target groups and their learning needs. The first was a general survey to identify educational needs of personnel in the community mental health centers. A questionnaire was developed by the project committee and sent to all mental health centers with the request that center directors and supervisory staff discuss the proposed education program at staff meetings before completing the questionnaire, so that the views of all staff would be fully represented and a broad picture of the center's needs would become evident.

Data from the questionnaires were studied by the project committee. The identified needs were many and at all levels, including management, supervisory, and therapeutic staff, as well as board members. Several factors influenced the committee's decision to focus on management as the central theme. First, there was strong support for this in the questionnaire. Secondly, most center directors were relatively new in their jobs: some had little prior administrative experience, and greater understanding of management concepts and operations could contribute to competence, satisfaction, and morale, and possibly reduce the high rate of turnover among top-level personnel. Third, the emphasis on accountability by state and federal authorities was a heavy charge for administrators, and evaluation skills were needed. Fourth, the new commissioner appointed to the Department of Mental Health was very interested in management education for staff and hence likely to view such a program with favor. Lastly, improved approaches to management functions would be likely to benefit all staff; a chain of events thus set in motion could ultimately benefit the clientele as well.

A second step in assessing needs was made several months later. At a meeting of the Association of Mental Health Center Directors, a follow-up questionnaire was employed to refine further the management areas in which training was needed. From this expression of interest and need, the committee defined six major subject areas to be covered in 12, two-day workshops over an 18-month period. The first cycle of workshops would occur approximately once a month for six months and cover the six topics. During the second six-month cycle, the same topics would be addressed in a different format. They would be considered in greater depth to reenforce learning, and focus on problems encountered by the participants in applying the concepts learned in the first round. The subject areas were: organizational structures (communication), management of organizational stress, personnel, needs assessment, evaluation, and funding.

It was later recognized that more specificity about the nature of management problems should have been secured. Detail and case illustration would have permitted the planners to interpret educational needs and prepare the instructors more effectively for their teaching assignments. Some faculty were more able than others to determine the level of the learners and to adapt their instruction accordingly.

The third needs assessment grew out of feedback from the workshops. The uneven quality of instruction prompted a midpoint evaluation, a close look at how well objectives were being fulfilled, and identifying the weaknesses that required correction. A meeting of all center directors was held, as was a lengthy session of a subgroup of the project committee. These resulted in revisions for the subsequent workshops and specific guidelines for future faculty. Whereas much of value had resulted, not every instructor had sufficient knowledge of the mental health settings in which the learners function. This was felt to be an indispensable background for the teacher.

The decision was to concentrate on two topics that took on increasing urgency with time, instead of the second cycle of six: personnel management and financial operations. Three intensive days would be devoted to each. A lengthy list of questions was prepared on each topic, in order to inform the faculty in detail what the participants sought to gain from these workshops.

In addition, useful feedback was obtained from the participants after every workshop, in regard to the instructors, the teaching materials, the workshop content, and the settings. The fact that the planners respected the participants' wishes in matters important to them, such as the selection of workshop sites, enhanced their relationship.

Objectives Set

The pilot team listed two goals and nine learning objectives for the institute. The goals were: (1) to improve the delivery of community mental health services through increasing the participants' knowledge of techniques, theories, tools, practices, and principles of program management and administration; and (2) to effect a higher level of management practice and service delivery in community mental health centers in Alabama. From these goals and the problems expressed by the participants, the objectives evolved. The institute would seek to increase:

1. Knowlege of State Department of Mental Health operations.
2. Knowledge of mental hospital and noninstitutional residence operations.
3. Skill in techniques of working with critical power points in the local area; probate offices; welfare and rehabilitation services; health departments; and public and private supportive services, such as police, probation officers, clergy, and others.
4. Skill in the development of program objectives, service data budgeting, and other management tools.
5. Knowledge of behavioral, functional, and technological aspects of center management.
6. Skill in personnel assessment needed in maintenance of staff morale, protection of staff, and reward systems for productive performance.
7. Knowledge of organizational and institutional dynamics and idiosyncracies.
8. Skill in job management, data processing, and program evaluation.
9. Techniques of team functioning and use of other disciplines.

This statement of goals and objectives served as a contract with the participants, the School of Social Work, and the Department of Mental Health. It also was intended to inform the commissioner of mental health of the intended outcomes for which funding was being requested. Specific objectives were developed for each workshop, but none in as much detail as the final two.

Organization and Structuring the Project

The responsibility for planning, monitoring, and evaluation was carried by the project committee, or pilot team, which met about once a month. Attendance was excellent, interest sustained, and participation active. The work required to implement the decisions of the planners was shared by the total committee, but much of the detailed responsibility was carried by the two cochairpersons. The Department of Mental Health released its cochairperson half-time to the project during part of the first year before she retired. She carried a heavy share of responsibility for maintaining relationships with the mental health centers and other participating organizations, seeking out potential faculty with required qualifications, preparing materials, and keeping up contacts with the committee. The work was coordinated through regular weekly meetings.

Assessment of the Plan

A continuous progress review was carried on, as described earlier. Committee meetings were utilized to look back as well as to plan ahead, in an effort to find ways in which the educational process might work more smoothly and effectively. The change in structure from 12 workshops to 8 was a major result of this ongoing assessment.

IMPLEMENTATION

Selecting, Utilizing, and Orienting Faculty

Once the basic objectives were set and the general outline of sessions agreed upon, the search for faculty was initiated. The project committee agreed to seek faculty from several disciplines, since the participant groups would be interdisciplinary. Management, they felt, is not the domain of any single discipline and the breadth of experience could be valuable. The essential factor would be the instructor's capacity to deal competently with the scheduled topics. Nor did they consider themselves bound to the geographic confines of the state. They were ready to seek talent from any source.

Consideration was given to the possibility of selecting a single individual to direct the institute, with assistance from guest instructors for individual workshops. The search for such a person was not productive and the decision was made, therefore, to plan each workshop as a complete unit in itself within the overall plan.

Recommendations for faculty were made by the committee and candidates were interviewed by one or both cochairpersons. It was far more difficult than anticipated to find faculty who met the requirements of competence, who were considered acceptable by the committee, and were later rated highly by the participants. It was a time-consuming process to find persons who were available, whose management expertise was appropriate for mental health settings, who were interesting as teachers and capable of shaping the learning experience to what the learners expected, and who were willing to invest time in preparation and to focus on the workshop objectives. Success in this effort was not complete.

Those faculty who rated favorably with the participants were persons with a high degree of expertise and considerable sensitivity to management problems in the community mental health field. Their teaching tended to combine presentation and discussion, as well as utilization of media. Chalkboards, slides, newsprint, overhead projectors, case materials, or printed summaries of the informational portions of their sessions were useful teaching aids.

Faculty orientation was the responsibility of one or both cochairpersons. Instructors were informed about the goals of the institute and about the participants and their interests. Each workshop was planned with the participation of the faculty member, often in meetings with the entire project committee. Only for the final two workshops was this practice changed, when an in-person interview was not possible in advance since the instructors came from other states. Instead, detailed notes on their topics were sent to them. The quality of instruction and the choice of appropriate learning strategies were aspects to which the planners were obliged to give close attention at all times.

Identifying and Involving Participants

The primary participant group from the outset was the directors of community mental health centers in the state. There also were managerial staff in need of training in administrative areas, such as budgeting. The directors were invited to bring those who might benefit from individual workshops or a part of the series. A third group of participants, fewer but significant in number, were management staff from two large state mental hospitals who requested the opportunity to attend. The planners were pleased to include them because of the need for close cooperative work between hospital staffs and the centers. A typical workshop group consisted of approximately 20 mental health center directors, 20 members of their staffs, and 10 management staff from the mental hospitals. Most participants held graduate degrees in fields such as social work, psychology, education, ministerial counseling, medicine, and other human service fields. Their training was heterogeneous, but they were faced with common, job-related problems.

Developing Curriculum

From the beginning the planners sought to give the learners a voice in formulating objectives, selecting the subject areas, evaluating each step, and suggesting people who might qualify as teachers. The eight workshops that constituted the management institute were developed with as much input as seemed feasible from planners and participants. It was the instructor, finally, who was the key to making a topic alive, relevant, and a contribution to more effective services. As time passed, the participants began to share more of their own problems and the solutions they had tried. With this came ease in learning from each other and a minimum of competition and rivalry. Although many participants knew each other from the outset, the workshops brought them closer together. Coffee break interchanges and consultation with one another increased markedly as the institute advanced.

Written objectives and content specification for each workshop were prepared with much care in order to assure that the learning would focus on what the learners wanted. Whether or not this focus happened was dependent on how sensitive the instructors were to the needs of the learners and how ready they were to move beyond information-giving to problem-solving. The committee members concluded that detailed specification of content for a continuing education program would be a major factor in assuring program success. The committee's insistence that the faculty in the final workshop deal specifically with the questions outlined, made these the session highlights and helped end the institute on an upbeat note.

Closing ceremonies were held, at which university and Department of Mental Health officials, including the commissioner, attended. The participants were presented with certificates of participation upon which continuing education units were recorded. This served to cement the good relations among participants and between them and the university.

Securing Funding

The Alabama Department of Mental Health provided funding to pay for instruction fees and administrative expenses. The mental health centers bore the expense of travel and per diem for their participants. Both the department and the school contributed staff time, secretarial services, and other administrative costs.

The financial backing from the department came when the committee was able to present a clear statement on how need was established, the kind of planning that had taken place, and the goals and objectives of the institute. The lack of adequate training and experience in management on the part of center directors and others in the mental health network was recognized and the intent of the institute to bring about positive change was seen by the commissioner as contributing to the enhancement of the whole state program.

Documents were prepared by the committee to support the budget request. The formal request was made by the dean of the school, the department cochairperson interpreted the need through personal contact, and the aid of university officials who maintained contact with the commissioner was enlisted.

EVALUATION/RESEARCH

The Evaluation Process

External changes during the 18-month implementation period contributed to the decision to redesign the second part of the institute. There were curtailments of federal funds for mental health centers during those months, even though requests for services increased. New demands for administrative accountability came from state and other sources. The issues that weighed heavily for the center directors centered around organizational "survival" and the continuation of certain programs that were underfunded. These concerns prompted the decision to concentrate on financial operations and personnel management, and to allow additional time for each of these workshops.

The initial plan for an overall evaluation of the project was based on the previous format of 12 workshops. The latter 6 were expected to reveal how effectively and in what ways change had resulted from the earlier sessions. The change in format made this plan obsolete. Instead, an independent researcher was engaged to visit representative centers, interview participants, and establish through correspondence with the others how much application of learning had been made, what changes were effected as a result, and what benefits this brought to their services.

The results confirmed what the committee had arrived at through less formal means. Evidence indicated that the centers were coping with many administrative problems better. This fact was particularly noticed by the department staff who reviewed center operations for accreditation. New and productive relationships between hospitals and community programs were established. One such experience described "a dramatic drop in patient recidivism." The greatest peaks reported by the evaluator were "program flexibility in meeting changing needs, the communication channels opened within the mental health centers system, and the feasibility for further intervention with similar projects."

Communication between the participants and the project committee had been open at all times. Flexibility by the committee was evidenced in its sensitivity to changing needs, its concern about the quality of instruction, and its commitment to the needs of the participants.

Epilogue/Impact

Since the collaborative venture with the Department of Mental Health began, three additional continuing education programs have been or are presently being conducted for the department. The largest, both in cost and number of participants, provided four weeks of management education for management staff from the Division of Mental Retardation. The second program, also for mental retardation staff, was provided by an interdisciplinary team of educators from various departments of the university traveling to facilities for the retarded throughout the state. In the third program the same traveling team was charged to produce videocassette teaching tapes on various topics related to retardation and rehabilitation, for use in rural areas as well as institutions in other parts of the state.

A fourth effort, combining research, educational services, and consultation on organizational development, was negotiated between the university and the department. Projections cover a five-year period of educational assistance to the department, drawing upon the skills and resources of many university divisions, including the School of Social Work. These contracts added up to hundreds of thousands of dollars.

The CSWE-sponsored project, which initiated the collaborative relationship between the School of Social Work and the Department of Mental Health, does not claim full responsibility for having attracted these additional projects, but it did open the door to a collaboration that is now solidly established and working well. All these efforts are organized on sound principles of collaboration and planning, and working relationships continue to be of mutual benefit.

An outgrowth of the management institute for mental health center directors, which is particularly gratifying to the planners and the center staffs, is the decision by the Department of Mental Health to allocate $5,000 annually for management education for directors of mental health centers. Although no long-term contracts have been signed, the department's budgeting pattern suggests that the institute will be an educational resource for center directors for some time to come. The Association of Mental Health Center Directors and the School of Social Work are again engaged in planning together; the needs assessment process is already underway.

Benefits for the mental health system in the state, for the School of Social Work, and the university as a whole were substantial. The most striking evidence of the value of the pilot project is that the two systems are continuing their collaboration in continuing education, and that the impact is being felt throughout the state. The development of new exchanges and the continuation of the first one are evidence of mutual satisfaction with the collaborative interchanges which began only three years earlier.

3

The Illinois Laboratory: A Design for Learning

by Frieda H. Engel,
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The Laboratory for Continuing Education in Community Mental Health was a joint undertaking of the Jane Addams College of Social Work at the University of Illinois, Chicago Circle, and the Illinois Department of Mental Health and Developmental Disabilities. It was conceived as a structure within which to experiment, and to find better ways to make education responsive to the world of practice. The laboratory was to be a design for learning, built on a growing sense of partnership between the two sponsoring organizations and between "students" and "faculty." In a larger sense, the concept of partnership was to apply to the learners as well: all would contribute to and gain from their shared educational experiences.

This sense of experimentation and partnership was integral to both the planning and the implementation of the educational efforts. The commitment of the planners and the participants grew with their involvement. In fact their interest became sufficiently strong to continue the project in the face of repeated uncertainties regarding sources of financial support.

INITIATION AND PLANNING

Social, Political, and Economic Climate in the Academic and Mental Health Systems

The invitation to participate in the CSWE Continuing Education Project in Community Mental Health came at a propitious time from the perspective of the Department of Mental Health and Developmental Disabilities and the Jane Addams College of Social Work. Since 1960 the department had been pursuing a policy of deinstitutionalization of resident patients in state mental hospitals (in 1959 there were 49,000 patients in state mental institutions; by 1975 the number had been reduced to about 15,000). The principal strategies had been to build alternate systems of care, both at the level of state-operated facilities and community-based clinics.

As it turned out, the communities either were unwilling or unable to care for those seriously ill; closure of state-operated programs or units was meeting with serious challenges from all quarters, and treatment opportunities were not expanding as the community providers and state mental health officials were confronting each other without resolution. Partnership had become a meaningless slogan, and distrust of each other was predominant. The promise of a negotiated mandate had not developed, and the hope for an alternate system of care had not yet been realized. Meanwhile, community-based facilities were having difficulty getting personnel with the right kinds of skills to meet their many new responsibilities.

An obvious solution was to retrain and redeploy personnel to the greatest extent possible. And this was virtually impossible, because faced with the high cost of operation of state hospitals (86 percent of the total state expense for mental health), the state legislature and administration were reluctant to allocate money for training and research when the need for direct care services continued to be heavy. Thus the department lost part of its training budget and with it some of its capability to keep up with the changing needs of its patients and communities. It also lost some of its potential for training managerial personnel to develop new programs and services within its own institutions or in the community. All the while, however, people were continuing to move out into the community and there were no trained liaison personnel to assist them in the difficult transition process. Training of such personnel, therefore, became imperative.

The college had equally compelling reasons for responding to the CSWE invitation. In the first place, it was part of a state university that was conscious of its public service commitment to the people of Illinois. This was especially true with respect to the urban mission of the Chicago Circle Campus. Secondly, the college was deeply sensitive to the importance of keeping in close touch with the almost constant changes in problems, issues, structures, policies, and methods that take place in the environment in which graduates practice, all of which must be reflected in basic professional education.

The CSWE project, in short, afforded an opportunity for active engagement with the "real world" of practice which the college wanted, and with an aspect of the human services system – mental health – which had particular appeal to faculty. Some faculty were attracted to the process of teaching and learning in partnership with adults and welcomed the opportunity to engage in participatory learning experiences for both professionals and lay people – an innovation that was possible within the framework of the project. Other faculty were intrigued by the prospect of experimenting with ways to affect dysfunctional practices in large service systems through continuing education and to contribute in other ways to the improvement of quality of services. The director of the college was a specialist in mental health, particularly in administration and policy development. For different though complementary reasons, the nature and timing of the CSWE continuing education project was ideal for both the college and the department.

Beginning of Collaboration

The timeliness of the project was reflected in the ease with which collaboration between the two major parties was established. Initial discussions were held between CSWE and the college, and the reception of both the director of the college and the director of continuing education was enthusiastic. Contacts then were made by the college with the department. Meetings were held to examine the proposal in its various aspects and the commitments that would necessarily ensue. Approval was given to move forward in planning.

The partnership came into existence with strong hopes that the serious need for staff training would receive the attention it required. The department selected two collaborators to take major responsibility in this joint effort.

Planning/Action Team Formed and Expanded

A four-person pilot team – two from the college and two from the department – was appointed. The department's representatives were its statewide training consultant and the administrator of a large Chicago subregion, the latter of whom was later replaced by the regional administrator. The college was represented by its director, and the director of continuing education. When the former assumed another position, he was replaced by a faculty member. This was the core of the planning group, the key leaders responsible for the initiation and development of the Illinois pilot project.

It soon became apparent that added representation from a variety of mental health agencies was needed in order to get a more accurate perception of problems and needs in this diverse and constantly changing system. Invitations were extended to six additional representatives from the department – persons serving at different levels, and more faculty from the college. This larger planning group became known as the "extended task force."

Later, when a needs assessment workshop was held, the participants named their own representatives as advisers to the planners. Sensing that this might be "too much harness for the horse," the three bodies met and combined into a single Council on Planning. In national project terms, this was the planning/action team.

Education and Training Needs Assessed

The process of assessing needs for continuing education was not merely a necessary planning/administrative step in the operation of the laboratory, it was, from an andragogical point of view, the core of the project, an integral part of the educational process. The planners recognized that continuing education for mature, skilled adults involves teaching/learning exchanges among people with varying and interdependent roles that differ in many ways from traditional degree-oriented programs. They also recognized that involvement of students in this process was essential if learning was to relate directly to their capacities and job requirements. And finally, they became aware that careful needs assessment was requisite to fruitful collaboration by the department and the college in the conduct of the educational programs.

Thus began a systematic process of looking at the network of mental health services in an effort to identify where continuing education could make its most significant contribution. The interchange was immensely productive, and contributed to a comprehensive picture of mental health needs in Chicago. Early in the life of the laboratory the planners met regularly to review the strengths, deficiencies, and educational needs in the department and its constituent agencies. Out of this came a selection of five high-priority target groups as potential learners, all composed of people assigned to functions for which their education had not prepared them. These included:

1. Fiscal specialists with no knowledge of the programmatic implications of budgetary changes.
2. Clinicians with no knowledge of the budgetary implications of programmatic changes.
3. Clinicians turned managers with no administrative experience.

4. Clinicians turned community placement workers and consultants to community-based facilities with no training in consultation or social organization.
5. Members of boards of community mental health agencies with no knowledge of the field or of their roles.

The interchange also led to a decision to hold a one-day needs assessment workshop. The planners saw this as a useful strategy to (1) involve the mental health community in a determination of their own learning needs, (2) recommend a format for a continuing education program designed to address those needs, and (3) involve representatives of these potential learners in an advisory role so that their views would be available to the planners constantly. Attendance at the workshop was beyond expectation. Approximately 120 people participated, representing a wide cross-section of professionals and lay leaders in the field. The workshop was task-oriented, with full opportunity for participation, feedback, and summarization. The participants developed job profiles to provide a sensitivity to the scope and demands of their own jobs, and listed and discussed their diverse needs.

The set objectives were met, but more significantly, the involvement in this process generated a high level of enthusiasm which set the tone for everything that followed. This event was viewed as the first step in an ongoing process of examining needs, and the planners were satisfied. It had provided a strong foundation on which to build the training model. The model was to be reassessed as it proceeded, to keep the learning constantly focused on goals.

Objectives Set

The overall purpose of the laboratory was to enhance the mental health service and administration skills of participants, as required by the change from a hospital-based to a community-based mental health delivery system. Its general goals were to develop improved relationships among members of the system, and to meet the changing needs of personnel as mental health policies and programs required new skills and new undertakings. A deliberate aim, also, was to develop innovative approaches to learning. Bringing together varied members of the mental health system to design and plan their own continuing education was an initial step in this process.

The range of people needing new skills was equally broad, including personnel at all levels of (1) state and county governmental agencies; (2) voluntary agencies with whom the department had service contracts, such as shelter homes, sheltered workshops, and special schools; and (3) citizen groups, namely service volunteers and members of local advisory boards.

The needs assessment workshop made it possible to specify concrete objectives for each target group:

1. *For state consultants working with contract agencies:* to increase their consultative skills and their ability to work with supervisors (their peers) or with direct care workers in improving treatment and direct care skills.
2. *For administrators of local agencies:* to enhance their ability to build and respond to their advisory and local support constituencies through such actions as developing multiple sources of funding, linking their services and clients with other service resources, and dealing equitably with people of different races, cultures, and ages in the community.
3. *For supervisors:* to increase the variety of models and methods of supervision at their disposal, and to determine standards and expectations for staff and define the functions of the supervisor.
4. *For direct care practitioners:* to increase their skills in working with individuals, families, groups, and communities, and their knowledge and use of community resources.
5. *For community advisory board members:* to increase their skills in several areas, such as the collection and proper use of data, priority setting, contract negotiation with governmental agencies, mobilization of indigenous resources, and development and maintenance of productive relationships with other service resources.

Organization and Structuring the Project

The laboratory originally was designed to follow the college pattern of weekly class sessions, and to provide an equivalent of 80 hours of learning for 100 persons over a period of four academic quarters, beginning March 1975 and ending by June 1976. Innovations would come principally in the learning/teaching process, in testing new ways of bringing concepts and knowledge to the service of changing practice needs.

This was carried out with satisfaction and interest during the spring 1975 quarter, and plans were elaborated for successive quarters based on this initial effort. External factors imposed changes in the availability of funds, however, and new instructional designs had to be substituted.

Administrative responsibility for the laboratory was carried by a half-time project coordinator who was responsible to the pilot team and functioned under the direct supervision of the director of continuing education of the college. Classes and meetings were held at the college, which also gave general administrative support to the laboratory. Supportive services were provided as well by the Office of Extension of the university, which offered generous assistance in many ways, including budget planning and collection of fees.

Assessment of the Plan

The laboratory deliberately was designed to permit continuing modification of the curriculum on the basis of the experience of the participants and other concerned parties. This experience, together with funding difficulties, did indeed lead to many modifications in the content, format, and scheduling of educational programs. The structure of the laboratory not only accommodated these changes, but actually facilitated them.

IMPLEMENTATION

Selecting, Utilizing, and Orienting Faculty

1. *Responsibility.* Because of the leadership given by the Council on Planning in the needs assessment and project planning process, it was assumed that this group of 20 persons could be equally active in the selection of faculty. It soon became apparent, however, that while members could be helpful in offering suggestions, the group was too large to be effective in the actual selection process. Therefore this task was assigned to the pilot team.

University policy was applied in the selection of faculty. It required that faculty for all educational programs be subject to formal approval by the college and the university. Where in these instances the choices of the pilot team were accepted, the policy itself was questioned in regard to continuing education and subsequently changed. The success of a noncredit continuing education program may require expertise from persons who may not otherwise fill all academic requirements for teaching, and it was felt that this should be allowed. The department contributed two faculty persons to the training program without remuneration.

2. *Criteria for Selection.* The pilot team elaborated a number of criteria that would result in a faculty with wide-ranging experience in the mental health field. The team wanted people who, as a group, would bring clinical and administrative/supervisory experience, a mix of expertise in social work, psychology, and psychiatry, and a variety of specialized orientations. Persons from both within and outside the department were sought, and a balance in terms of sex and race was looked for.

3. *Role.* In accordance with the central philosophy of the laboratory, faculty were asked to commit themselves to a learning process that would draw on the knowledge and experience of the

participants. The assumption behind this commitment was that any group of students – clinicians, administrators, community leaders, or others – may have expertise and knowledge that is as valuable to other learners as that which the instructor can provide. The andragogical objective, therefore, was to encourage class members to share their information for the benefit of all. The role of the faculty member was primarily to facilitate this process, to guide interaction, to provide a clear focus on objectives, and to assist the learners to conceptualize knowledge as a guide to new situations. Faculty expertise was to be contributed when it did not already exist in the group. Accordingly, they were called "facilitators" rather than "instructors."

Some facilitators invited resource persons with specializations in areas useful to the class or seminar, among them specialists in volunteer coordination, industrial psychology, community political development, and mental health service management.

Identifying and Involving Participants

Identifying and involving participants was a consciously designed component and product of the needs assessment/program planning process, beginning with the planning workshop and continuing with the work of the Council on Planning. The traditional devices for recruiting participants, such as mailings of letters or brochures, were extensions of this process rather than the principal means.

Announcements of various sorts were sent to the designated components and substructures of the mental health community. The Council on Planning, especially the department members of the pilot team, assisted in following up where this was necessary.

Developing Curriculum

Curriculum development was a process heavily influenced by the original needs of a representative group of the mental health community. It was modified continually by the ongoing experience of the program participants, and by their evaluations and those of the Council on Planning. It was drastically affected by the constraints imposed by an on-again, off-again funding pattern that might have destroyed the laboratory had it not been for the commitment of those who had invested in its planning. Curriculum was developed in a series of steps.

1. The Council on Planning agreed on the broad content areas, respecting the wishes of the five target groups and the general goals they articulated. The laboratory staff, or pilot team, elaborated this into general descriptions of the courses and proposed learning experiences related to the objectives.

Twenty-seven hours of classroom time were scheduled.

2. Early in its course, each class prioritized its perceptions of the detailed content its members would need. Thus the curriculum was not a fixed body of knowledge and skill, but rather a flexible outline. Students and facilitators took time at the end of sessions to do additional *ad hoc* curriculum planning for future sessions. Feedback from pilot team members who monitored many sessions and met informally with facilitators also was utilized for this purpose.
3. During the spring and summer of 1974, the Council on Planning met at fixed intervals to plan for the following fall. It was satisfied with the courses and participants and decided to continue in this format. It would, however, add some new participants. But during the late summer severe cuts in appropriations were imposed by the state legislature, and the department was affected. As the time approached to announce the fall program and funding was precariously uncertain, the Council on Planning was forced to consider the possibility of curtailing some of its plans. Fifty-seven former participants advised the council to continue, and urged that at least two courses be held – for administrators and for consultants and trainers. These were quickly designed, announced, and begun late in the fall quarter. As it happened, funds did come through at the final hour.
4. During the winter of 1975-76, a new course on long-term care was designed. It was scheduled for the spring of 1976, and filled by invitation only. Those eligible were supervisory and administrative personnel working in, or with community-based residential treatment centers. Its unique feature was to bring together, in a neutral university setting, two groups of people with a stake in the long-term care system who occasionally confronted each other but never met to consider issues of mutual interest. These were public administrators from several departments and owners and operators of these facilities.
5. The Council on Planning also determined that the laboratory would do well to focus its attention not merely on general mental health training needs, but more particularly on areas of conflict among component parts of the mental health system. When teaching is based on the participants' own problems, deep-seated antagonisms, distortions, and unrealistic expectations are bound to surface. This was the case during earlier programs of the laboratory. Underlying feelings had to be dealt with, it was felt, to facilitate effective work relationships among service units. This decision

was consistent with the focus of the special course described above. As a result, two new programs were designed in the spring and early summer of 1976. The first was a workshop for executives and citizen board members of these organizations, whose difficulties were related to roles and communication. The second was for administrators of community mental health agencies and consultant monitors from the department who assessed and assisted these agencies. Their conflicts, too, often centered on appropriate roles and role behavior.

Securing Funding

At the start of the dialogue between the college and the department in 1973, an agreement was made in regard to funding. The department would allocate extramural training funds to cover the cost of the laboratory's half-time coordinator, some faculty, and tuition fees for departmental employees attending laboratory programs. Other community agencies would pay the fees for their own employees.

The first grant was received for the spring quarter 1975, as agreed. A delay in the second grant from the department cast doubt on whether the second round of courses, scheduled for the fall, could be offered. Substitute formats were devised as a standby. When the final date to send out recruitment notices arrived, there was no choice but to cancel some courses. Inadequate time for recruitment would have resulted in insufficient enrollment. Two were scheduled to go on – those which had been strongly requested by the participants.

Unexpectedly, the funds came through only days before the courses were to begin. The Council on Planning attempted a crash recruitment effort by telephone, but a number of potential participants were no longer able to make arrangements. Moreover, while department funding was insufficient to implement all of the laboratory's planned programs, some of it actually had to be returned because it could not be spent within the limited time allocated for its use.

In order to overcome the inadequacy of this method of funding, the Council on Planning made urgent efforts to locate new sources of support. The laboratory submitted two grant applications early in 1976. One was rejected by a local foundation on the ground that the continuing education described in the application was a university responsibility. The other was rejected by the National Institute of Mental Health on the ground that it preferred to support federally-funded mental health centers rather than state-funded agencies.

Somehow the laboratory survived for more than a year of active, course-giving life, not to mention an equally long planning period, on about half the annual budget it originally had projected.

Fostering and Utilizing Supportive Collaborative Relationships

The interagency collaboration between the college and the department was institutionalized in the pilot team, which provided the fundamental strength of the laboratory in terms of planning, participation, operations, and funding. But the laboratory became a community enterprise because it also involved and actually depended on a far larger number of agencies and individuals in ways that were very new. Many agencies and individuals – lay people and professionals at various levels and in various specialties – were involved in needs assessment, program planning, curriculum design, participation in educational offerings, and evaluation. The extent of active participation at any given time varied, naturally, according to the requests made of them. When there was a lull, participation tended to fall off, thus throwing a heavy administrative burden on an understaffed secretariat. Nevertheless, the sense of the laboratory as a joint enterprise was retained and continued to generate a climate of acceptance and enthusiasm for the project.

EVALUATION/RESEARCH

The Evaluation Process

The laboratory's evaluation process consisted essentially of four elements, although not all of them were used in all instances:

1. The first was the ongoing participant assessment of the courses and the resultant ad hoc curriculum planning and modification. This was more feasible in the quarter-long courses than in the shorter workshops.
2. The second method of evaluation was the follow-up questionnaire administered to participants at the end of the course. This traditional device elicited a 75 percent return rate, and the general evaluation of the courses ranged from "good" to "excellent."
3. Selective use was made of another type of follow-up. This consisted of telephone interviews some time after the students' participation in the continuing education programs. The emphasis was on obtaining long-range impressions of the laboratory and its impact on the participants' work on the job. More than half the respondents were able to recall specific uses or concrete, operational benefits of the experience.

4. The fourth evaluation method involved the Council on Planning in periodic assessments utilizing the feedback from the other methods. In one instance the council invited course participants to meet with it to provide such feedback and obtained a 75 percent attendance.

Taken as a whole, the evaluation process was decidedly effective. The ongoing process was useful in redirecting the programs in ways that responded to the needs of the participants. For example:

1. After the second quarter's courses, the Council on Planning decided that attendance would be better, emotional involvement higher, personal reorientation more thorough, and field applications better understood if the format of a quarter-length series of short sessions was replaced by a more concentrated workshop format.
2. Another major decision was to drop organizational functions (e.g., administration, direct care) as the organizing principle of several courses and to substitute a focus on conflicts and other "boundary" problems between specialties, roles, and agencies.
3. Equally significant was the feedback which indicated that the original teaching assumption – namely, the value of participatory learning, or facilitation rather than instruction by faculty – was a valid one and should not be changed. It was not. (It might be noted, though, that some participants expressed preference for a more didactic approach to learning, less time on group planning and other aspects of more traditional education.)
4. Perhaps the most gratifying result of the evaluation process was the decision by the Council on Planning – a decision virtually forced on it by the program participants – to press ahead with the work of the laboratory even when funding was episodic, late, and uncertain. In retrospect, the summer hiatus in the work of the laboratory after its first successful set of courses was a mistake, but the enthusiasm of the participants reestablished the lost momentum.

Epilogue/Impact

There were spinoffs from the laboratory, among them the following:

1. The college set up a new extension course on service to the chronically mentally ill.
2. Several participants in laboratory programs appeared before

open hearings of a state commission that was drafting a new mental health code for Illinois. They presented information and ideas gained from their experience at the laboratory.

3. The department substantially revised the guidelines used by its consultant/monitors working with contract agencies. This action was undertaken after it became clear in the laboratory's session on accountability and monitoring that the role of this group of departmental employees was not clear to them or to the contract agencies.
4. The department's Division of Community Placement, several of whose supervisors were part of the seminar on long-term care, requested the college to provide training to the entire community placement staff. A series of ongoing seminars for placement supervisors, interagency meetings, and workshops for line staff were planned. This pending contract between the department and the college represented a new educational model in Illinois and may have potential application to other public agencies and fields of practice.

Despite this last hopeful development, the more permanent impact of the laboratory, in terms of the establishment of an ongoing community-wide program of continuing education in community mental health, is unclear. The groundwork for such a program has been laid and the four members of the pilot team are convinced of the value and committed to the idea of an ongoing large-scale effort. An actual decision will depend on the inclinations of the state director of mental health and the dean of the college, as well as the resources they are prepared to assign.

The laboratory provided opportunity for considerable learning in regard to planning for continuing education. Some related to the operation of the project itself, and some to the substance of continuing education in the context of human service practice. The major point learned from the operation of the project was that such an endeavor requires adequate staff and funding at the outset. The insufficiency of staff for the laboratory, together with the episodic infusions of uncertain quantities of money, made planning extremely difficult and placed unreasonable demands on many heavily committed people. Despite its operational difficulties, the laboratory did yield much useful learning with respect to continuing education:

1. In operating according to principles of participatory learning, the faculty cannot be taken for granted. It cannot be assumed that because certain instructors have experience and a good reputation as teachers at the university level, that they can function successfully as facilitators in continuing education. Regular faculty debriefing and partici-

pant feedback are essential.

2. If a conflict situation is used as the focus of a workshop or other program, the two parties to the conflict will meet as adversaries, and therefore the program must be designed to develop common ground. The mutual clarification of role expectations is especially important. Likewise, it should be anticipated that affective learning will probably be of greater ongoing benefit to the participants than didactic learning.
3. Courses for which participants are not provided adequate agency time and for which they do not earn credit require more commitment than most people are prepared to give. This experience led the planners to suggest a limit of five to eight sessions of a course.
4. It is better to end continuing education programs on a high note, with people fully involved with the subject, even if all the pertinent material has not been covered, than to make an effort to cover everything. The show business adage is applicable to participatory learning in continuing education: if the participants want more, they may simply request it.
5. If the primary objective of a program is attitudinal change, it is likely to be achieved in a relatively short, intensive workshop. Skill development, however, is generally achieved better in an educational program of longer duration that allows for sequential learning. This permits students to reenforce classroom learning with practical experience over an extended period.
6. Some people are accustomed to being passive recipients of learning and find it difficult to accept the participatory learning process, at least at the beginning. The development of a simple contract between facilitator and participants is a useful device, because it helps establish reasonable and mutual expectations.

The Illinois design has enabled the College of Social Work to have much more direct impact on the community mental health system than it had before. New designs are furthering the potential for even more impact. But the college too has been affected by the experience. Various influences are at least partially traceable to this project, to the relationship it had with this practice system. Some changes have been made in relation to mental health content in the regular social work education programs. Faculty interest and attitudes regarding continuing education have improved, and perhaps more subtle changes will become evident with time. But most of all, the collaborative process of planning has demonstrated its merit and hopefully it will find more extensive application in Illinois.

4

The Philadelphia Experience: Reaching Out

by Seymour J. Rosenthal,
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The Philadelphia project chose outreach services as its demonstration area for the national CSWE Continuing Education Project in Community Mental Health. Giving priority to the training of outreach workers was of interest to the three cooperating mental health centers – located in deteriorating urban communities – that wished to be more responsive to the low-income and diverse ethnic residents of their service areas. From this beginning the pilot project moved into additional geographic and service areas and is still developing in new directions.

INITIATION AND PLANNING

Social, Political, and Economic Climate in the Academic and Mental Health Systems

The School of Social Administration at Temple University was selected to be a participant in the CSWE project because of its position as an institution in a large urban community with close proximity to ethnic communities. This was an important consideration throughout the development of the Philadelphia project.

At the beginning of the project, the school had not yet established an ongoing relationship with the mental health system, nor had it developed a specific focus in the mental health field. This was due mostly to the fact that it was new – having started classes in 1969, and also because the school's overall orientation was on the policy, planning, and administrative concerns of service delivery systems rather than on traditional clinical aspects. The continuing education component was quite limited, since it was only one of many responsibilities of the Center for Social Policy and Community Development, a research, training, and program development department within the school.

In contrast, the mental health system in Pennsylvania was regarded as well-advanced in the areas of creative policy, progressive legislation, and financial support. In Philadelphia particularly, there was an extensive array of services, which in 1969 came under the direction of the Philadelphia County Office of Mental Health and Mental Retardation. A number of sophisticated training and educational resources, including prominent teaching hospitals, also existed. Within the community mental health and mental retardation system, however, there was little coordination, direction, or support regarding training and continuing education. The system was heavily treatment-oriented, even though there were 11 federally-funded community mental health centers among the 13 catchment areas, with consultation and education as a mandated service.

The economic climate of the mental health system at the time the project started was changing from one of ample funding to severe cutbacks. The seriousness of this became clear during the first continuing education program of the project, when participants reported that their centers' funds were being cut by almost 30 percent. Since survival strategies for administrators seldom include the allocation of scarce resources for training, stress was put on the project to create – with minimal resources – an educational program that could demonstrate some operational benefits for the centers.

When the project began, few factors with which the project was concerned were clearly in place. The school had not developed strong linkages with the mental health system; faculty did not reflect a specialty in mental health or mental retardation; the continuing education program was a limited, part-time effort; and the mental health system – basically self-sufficient in terms of training and education – was conserving its scarce resources.

Beginning of Collaboration

A short but intensive "exploration" period by the school was required to determine who to involve in the project. Contact was made with the State Regional Office of Mental Health and the State

Bureau of Research and Training for Mental Health. Although both were interested and participated, it became apparent that the Philadelphia County Office of Mental Health and Mental Retardation was the most appropriate partner for the university because of its immediate responsibilities and influence relative to local community mental health centers, which were the potential clientele of the project.

It was important initially, in establishing contact with the various levels of the mental health system, that the school emphasize the importance of cooperation. An important facet of securing cooperation was identifying how the project could meet the variety of vested interests and motivations of the different people involved, without requiring additional funding from the mental health system or the school.

The state offices viewed the project as providing potential models for continuing education that could be replicated throughout the state. The county saw an opportunity to provide coordinated and quality training in community outreach, which was vital to public acceptance and support of the mental health program – a support that became especially critical as funds were being curtailed. The centers welcomed an opportunity to increase their staff expertise, especially in the neglected area of outreach. All the participants were motivated to some extent by advantages they saw in associating with the university.

The two major partners in the Philadelphia project, the school and the county office, determined that it was important to develop the project along two tracks. One track was clearly responsive to the mandate of the CSWE project, which called for implementing a specific continuing education program model. The second track became the long-term goal of establishing a joint, ongoing mechanism for offering additional programs as need developed in the mental health system. This mechanism, referred to as the Continuing Education Institute for Mental Health and Mental Retardation, established itself through offering educational programs and developing alternative funding sources.

Planning/Action Team Formed

As a result of these systems linkages, the project established a microcosm of the various components of the mental health system on the planning team. Members included the director of the State Bureau of Research and Training for Mental Health, the director of the State Regional Office of Mental Health, the director of the Philadelphia County Office of Mental Health and Mental Retardation, and directors, consultation and education directors, and selected staff of the three mental health centers who later comprised the target population of the first course. Later, members of the graduate faculty joined the planning team.

Once the members of the project team were identified, it became necessary to decide upon the program focus. This entailed a rather lengthy process in which each of the three centers developed its own priorities before arriving at a consensus. Community outreach training was selected. A philosophical motivation for this choice was the concern of the planning team for implementing the community aspect of mental health in a system that remained treatment-oriented. A practical aspect was that this course also had the potential to generate additional community and corresponding financial support for the mental health centers concerned with funding cutbacks and survival.

Initially the planning team was made up of nine persons representing the agencies mentioned above. The team worked largely as a unit, making decisions collectively, with the school and county office representatives acting as staff. Later, in order to implement the pilot course on a city-wide basis, the planning team was expanded to include representatives from all the city's 13 community mental health catchment areas.

In the beginning stages of developing the pilot course, differences in the sophistication of the three centers played an important role in determining the training content and the nature of their participation. Leaders of the most sophisticated center viewed their role as consultants and faculty rather than as participants. Their offer to provide faculty for the course was accepted, and they were encouraged to send participants, which they ultimately did. The varying levels of sophistication within the planning group provided a strong potential for disrupting the planning process; instead, these differences served to enrich the outcomes.

Objectives Set

The short-term objectives initially were two-fold: (1) to stimulate outreach activities in the centers through increasing awareness of the need for and benefits of outreach, and (2) to enhance the skills and understanding of the participants so that they would be better able to provide outreach services to their respective communities. Later, when the project moved to create a second outreach course, a third objective began to emerge. When it became clear that the centers were going to sustain severe cutbacks in funding and that consultation and education would be the target of many of these cuts, a focus on developing community support for consultation, education, and preventive services became a tertiary course objective.

A significant problem faced by the planning team was in reaching consensus on the definition of outreach. It was decided to use a broad interpretation and to include a range of activities, some of which would receive more emphasis in one center than another. The curriculum content as it finally emerged included the following areas: (1) getting to know a community, (2) gaining awareness of one's own cultural perspective, (3) effects of ethnicity on the utilization of mental health services, (4) community groupwork skills, (5) strategies for assessing community needs, (6) identifying community resources and indicators of stress, (7) developing supportive community relationships, and (8) crisis intervention.

The long-range goal concerned the "institutionalization" of the relationships initiated through the project in order that additional courses, services, and programs might emerge. As described above, this goal eventuated in the establishment of the continuing education institute by the county office and the school.

Organization and Structuring the Project

The project was structured in a series of five phases to meet the short-term goals of encouraging outreach programs and outreach skill development in community mental health centers throughout Philadelphia. The five phases were: (1) identification of training needs; (2) a course planning seminar for consultation and education directors from the three mental health centers to obtain input regarding the curriculum and to provide them with models and resources for outreach programs; (3) the pilot six-week outreach skills course for workers from the three participating community mental health centers; (4) a citywide consultation and education planning seminar with directors from all 11 community mental health centers to review the pilot course and to elicit interest in and approaches to the subsequent citywide outreach course; and (5) the citywide outreach skills course. Throughout all five phases, there was constant evaluation and revision of curriculum and overall project plans.

While the structure and process for the courses or short-term objectives were delineated explicitly, the planning for the continuing education institute was less definitive. Commitment to the institute was well-established on both sides, but the work evolved on a project-by-project basis because of the constant need to seek funding. The eventual goal was to obtain funding for the institute on a yearly basis, in order to make possible long-range planning and systemic integration of projects.

IMPLEMENTATION

The implementation phase was in many ways the most rewarding for the project team. The preliminary planning had produced tangible results – a course – from which others had benefitted. Relationships among the planning members were established. There had been doubts at times, but they now knew their efforts had produced a course that was responsive to needs and that people were interested in attending. This affirmed the interrelationships and the commitment to work together beyond the scope of the course.

This section will discuss some of the specifics of implementing the Philadelphia project, both with regard to the courses and the continuing education institute. Some of the major concerns of this phase were: identification and involvement of faculty, participant involvement, curriculum development, supportive measures in the conduct of the program, funding, and maintenance of relationships.

Selecting, Utilizing, and Orienting Faculty

The Philadelphia project identified and utilized faculty from two major sources: the academic community, including the sponsoring school, other university schools and departments, and other academic institutions; and the practice community, including peer faculty, well-known practitioners, and influential policy people. Identification of potential instructors was the responsibility of the planning committee, with determinants in the selection including (1) expertise in the generic content area; (2) experience with the context of the subject – for example, community mental health, mental retardation, and so on; (3) ability to abstract the general practice principles and communicate them to the participants; and (4) strategic relationship or potential influence with the participants, the participants' work experience, and the overall project.

The faculty were interdisciplinary and represented a variety of perspectives and experiences in the human services. Some of the disciplines included were psychology, psychiatry, cultural anthropology, communications, social work, education, and special education.

The involvement of both the practice community and university faculty afforded strategic as well as educational benefits. Both sources provided faculty persons who: (1) enhanced the status of the program, (2) were accompanied by specialized consumer groups, (3) had the potential to facilitate financial support, and (4) were able to extend the impact of the program through the development of additional programs. For example, one of the participating centers was a recognized center for continuing education in the mental health field. Its involvement lent prestige to the practice community, contributed to its sending a large number of staff to the program, and eventuated in its reproducing the course for a new population of service providers.

To provide continuity to the training program, two planning committee members who had developed the curriculum were assigned as coordinators. Their function was two-fold: to participate in each session in order to integrate the sessions, and to orient the faculty to the specifics of the course.

Although some of the faculty selected had been part of the planning committee, the majority were new to the project. The planning committee was concerned that they be attuned to the planning process and be prepared to reflect the course goals and objectives. Therefore the coordinators spent time briefing all the instructors, regardless of their experience. The most critical items covered included: (1) overall program goals and content, (2) session goals and suggestions for achieving them, (3) relationship of the session to the overall course, and (4) participant composition. The coordinators also used this opportunity to orient the faculty to aspects of adult education and to encourage their use of andragogical methods.

A technique that was helpful to both coordinators and faculty was the use of lesson plans, which gave a detailed description of the learning objectives, suggested content and methods, and resources for each session. Shared with the faculty as part of their orientation, the lesson plans functioned as guides for them, clarifying expectations of them and enhancing their accountability. Descriptive information on the students, such as job positions, educational and experiential backgrounds, expressed needs and expectations, and relative comfort with various instructional methods also was welcomed by the faculty. Such information sharing encouraged the presentation of material at the appropriate level and the utilization of effective methods.

Since the project budget was limited, the planning committee became creative in its strategies for compensating faculty. Several received financial compensation, while others provided their services free of charge. A variety of other benefits, however, accrued to them by virtue of their participation. Some were satisfied with the opportunity of being associated with what they saw as an exciting project that held prospects for a long-term relationship which could lead to future activities. More immediate benefits were the listing of their name in the program and publicity materials, which could enhance their professional reputation; the opportunity to acquire additional case material; the chance to test out new content interests (especially for academic faculty interested in developing another teaching specialty); and the possibility of acquiring recordings of their teaching sessions for future use. Another method was to consider the volunteer efforts of faculty as a form of fee payment for persons attending the continuing education course from their own agencies, either free or at reduced rates.

Identifying and Involving Participants

Several issues regarding the selection, involvement, and composition of the participant group were highlighted in the process of the Philadelphia project.

In the recruitment of participants, the planning committee was the major resource. Anticipating this, the early project planners attempted to make the planning committee as reflective as possible of the mental health system so that it eventually constituted a built-in feeder system of participants to the program. Less direct forms of recruitment, such as mailings, also were employed. These were directed not only to the target group, but also to agency administrators and governmental offices whose sanction was vital to the participation of the target group.

Having a clear sense of what would motivate prospective participants facilitated the recruitment process. For many, the anticipation of improved skills and/or increased knowledge was sufficient motivation; for others, more was needed. Continuing education units were awarded to those whose attendance merited them. Certificates from the institute signed jointly by the Philadelphia County Office of Mental Health and Mental Retardation and Temple University were found to be another desirable incentive. The project also offered the option of graduate or undergraduate credit, but this was minimally utilized and generally was not much of a motivating force, possibly because of the additional cost. The planning committee set course fees and schedules in a way that would not be burdensome to the individuals and the agencies, thus minimizing cost as an obstacle.

The target learner group was to be "those doing or planning to do outreach." When the committee attempted to design the course for the "average outreach worker," it found difficulty in identifying the knowledge or experience background of such a person. The committee had hoped for a homogeneous grouping, but ended up with a mix of participants differing greatly in regard to occupational level, education, and experience. Their job functions ranged from agency administrators to paraprofessional outreach workers and included several advisory board members. The course had been structured to meet the individual interests of different groups through optional workshops, homework assignments, special readings, and subgroupings. The heterogeneous composition of the group, therfore, became an enriching situation replete with mutual learning possibilities.

When more registrants applied than could be admitted, the committee made an effort to find the resources and to offer the course several times. In these instances the number of participants from each agency was limited for each course.

Developing Curriculum

The planning committee generally was in agreement on the desired course content, but it decided to prepare explicit curriculum statements so that content clarity and consensus could be achieved by the committee, and the invited faculty would be informed about objectives and general content areas for their own sessions. The committee developed a fairly extensive course curriculum.

Because of its size, the planning committee named two members, one from the field and one from the university, to carry responsibility for implementation as curriculum coordinators. The coordinators developed the curriculum and brought it back to the committee for review, resource suggestions, and final modifications. They later functioned as course coordinators. This role entailed participating in each session to assure integration and continuity, preparing the faculty, overseeing all physical arrangements, and when necessary, helping to tailor the material to the specific concerns of the participants.

In developing the curriculum, four major phases were differentiated: (1) identifying educational needs, (2) developing a curriculum module for each session, (3) detailing lesson plans, and (4) designing an evaluation strategy.

The most productive method of needs assessment proved to be the agency on-site interviews. Small needs assessment teams visited community mental health centers and met with staff to ascertain how they perceived their learning needs and interests. These half-day sessions produced insights into the activities, skills, and problems involved in outreach and into the concomitant need for supplementary learning.

The data collected from these sessions were organized into a composite list of training areas, then circulated to the centers for further feedback. The final list was then prioritized and became the basis for curriculum development. The needs-analysis sessions had the effect not only of providing the planning committee with essential curriculum information, they also: (1) acquainted different levels of personnel and disciplines in the centers with the project; (2) began to stimulate thinking about outreach in the community mental health context, generally raising the staff's awareness of outreach; and (3) engaged staff in the planning process, giving them a sense that the program was indeed trying to be responsive to their specific needs and interests, and that it would become their own program.

Curriculum modules, or instructional units, were developed by the planners for each subject area. The major components of the modules are identified in the diagram on the next page. The modules were helpful to both planners and faculty in specifying clear objectives, illustrating how each educational need could be dealt with, and providing an overview of the total program. Taken together, the series of curriculum modules facilitated flexible program structure and provided a mechanism for organizing the course content into a consistent, easily comprehensible whole.

TITLE (or educational need)			
Objective	**Content**	**Method**	**Resources**
Why?	What?	How?	Who? With What?

As indicated above, lesson plans were written for each objective, detailing the content to be covered and suggesting methods and resources that could be used. They were especially helpful for guest instructors, or when several persons participated as faculty. The availability of lesson plans made it feasible to reproduce the course upon demand.

With regard to methodology, faculty members were encouraged to use exercises and discussion as well as presentation of content. To assure a methodological balance between the didactic and the experiential, the coordinators developed simulations, case studies, role plays, discussion problem statements, and other structured learning experiences that were integrated with the presentations. Handout materials, bibiographies, and homework assignments also were developed. These were shared with the guest faculty in advance of the sessions so that they could supplement, replace, or modify them to better coincide with their presentations. Individual sessions usually were a combination of information and complementary skills learning.

A great deal of attention was paid to structuring the sessions. Some of the considerations that dictated an innovative structure were the variance in work and educational experience of the participants, the broad scope of their interests and therefore of content areas, and the desire to create a learning program that was more training/skills-oriented than a traditional academic course. The sessions were structured with both general and optional workshop sessions in order to allow flexibility for specific areas of interest, varying skill or educational levels, and different needs among the agencies involved. Evaluation was an ongoing process and is described later.

Identifying and Utilizing Supportive Measures

Other aspects of implementing the educational program influenced its success, including facility selection and climate setting. Some committee members felt that selecting a community location symbolized the university's interest in reaching out to practitioners and responding to their on-the-job educational needs. Others felt that a university setting held more appeal, since the university represented quality, higher education, and a more theoretical content orientation than workers generally received in on-the-job training. Holding half the sessions in each location was considered difficult to organize and possibly confusing. The university site was finally selected because of its central location and convenience to transportation, and because it offered the best combination of advantages, including the use of audiovisual equipment.

Recognizing that the physical environment has considerable impact on participant learning, the rooms were chosen with a concern for size and type, with space to move around and form subgroups. Arrangements of chairs and tables were planned to promote interaction and discussion. Refreshments were served to help create a relaxed atmosphere.

Other efforts were made to create a learning climate that would be comfortable to the participants and conducive to sharing ideas and opening up to learning. At the initial session, course objectives, format, expectations, and orientation toward participatory learning were carefully elaborated. Content-related issues also were detailed, and suggestions for additional content areas were elicited from the participants.

Throughout the course the coordinators were constantly assessing the learning environment, examining the interactions of the participants, and generally working toward facilitating communication and a positive learning environment. An example of this occurred when in the midst of a session on community resources, a participant informed the group that funding cutbacks of 15 to 30 percent had been announced. Since it was anticipated that the consultation and education programs in which most of the outreach efforts were housed would be the target of much of this cutback, the announcement caused quite a stir. After verifying that such cuts were indeed being contemplated, the course coordinators realized that continuing with the course as planned would be difficult, if not impossible, since so many participants were upset. They turned the discussion to the funding issue and examined how the participants – as outreach and consultation and education workers – could act to protect their funding. They integrated that day's topic with the participants' most prominent concerns, utilizing the guest instructor's experience and expertise in developing appropriate strategies.

This responsiveness to a sudden change afforded several benefits: (1) it was a direct response to the concerns of the participants, indicating to them that the course was clearly interested in meeting their learning needs; (2) it demonstrated that the course was concerned with the real day-to-day issues of their work environment, and (3) it eliminated from the learning environment a block that conceivably could have interfered with future learning.

Securing Funding

The funding to implement the program came from three primary sources. The Philadelphia County Office of Mental Health and Mental Retardation, the primary collaborator with the School of Social Administration in the project, provided a small grant that enabled the planners to obtain some faculty and reproduce instructional materials. The school provided the facilities, video equipment and supplies, and staff time to develop materials and coordinate the sessions. The participating agencies did one of three things to support the program: (1) paid a moderate per capita tuition for the participants from their agency, (2) provided a block grant based on what they felt they could pay, or (3) contributed faculty in lieu of monetary payments.

The Continuing Education Institute for Mental Health and Mental Retardation has continued to utilize these sources of funds, but also has applied for and received federal grants for some of the programs.

Developing and Maintaining Supportive Relationships

There was considerable potential to be tapped in the collaborative continuing education venture between the university and the mental health system. However, lest this relationship be limited to one venture or remain solely program-specific, attention was paid to the ongoing integration of the two systems or the "institutionalization" of the relationship for long-term collaboration.

This required that the relationship be kept active throughout the duration of the project. Through activities such as the half-day workshop with consultation and education directors, the relationship was nurtured and sustained. When there were no such activities or the goals were not clear, commitment and involvement tended to wane. Periodic meetings permitted the planning committee to share issues and progress with other responsible persons in the mental health service system and to receive their feedback. The planning committee was representative of all levels of the mental health system, and the members participated fully in evaluation sessions and in determining future directions, thus strengthening their identification with and commitment to the project. The planners also were invited to observe the course sessions.

Agencies not represented on the planning committee but whose staff participated in the course were informed of the curriculum and progress. Homework assignments often involved agency administrators, so they were kept informed of the learning activities through their staff as well.

The planners of the Philadelphia project considered it of critical importance that they know and understand the mental health system – that is, the organizational structure, funding streams, priorities, goals, and political pressures – and that they be alert to any new developments impacting the system that related to or could relate to continuing education programs. Consequently, the committee attempted to keep abreast of community pressures, new or proposed legislation and/or regulations, court decisions, legislative or funding changes, and governmental personnel changes that could alter existing policies. Since developments in any of these areas could affect the job situation of the participants, the relevancy of the continuing education program, and the funding or support for the program, the committee made it a point to keep itself informed.

In summary, there were four variables that were important to the establishment and maintenance of the short-term and long-range relationships between the university and the mental health system. One was a clear sense that the project existed to meet the needs of mental health and mental retardation practitioners. Second was a realization, and a commitment to this realization, that there were a great many resources in both the university and the mental health system which were essential to the project and which, if shared, could be of substantial mutual benefit. Third was the flexibility of the academic institution in attempting to identify educational needs, develop curriculum content, and utilize methods that could adapt the resources of the university to the learning needs of the practitioner. And lastly was the trust of the mental health system that the combined project resources could contribute to the continuing education of its practitioners, that not only could it respond to learning needs already identified, but, in partnership, it could become a mechanism for anticipating changes and educational training needs.

And finally, underpinning these four considerations was the process in which the planning and implementation occurred – a process that reflected mutual respect, placed an emphasis on mutual sharing and learning, and recognized that commitment to the project required reinforcement through a series of visible activities.

EVALUATION/RESEARCH

Evaluating the Program

The major evaluation methods used were written course questionnaires, homework assignments, and informal class discussion. The former two were prepared as part of the curriculum development process in order to assure their relatedness to the course objectives. They assessed (1) whether or not the participants understood the material, (2) whether they felt the program was meeting their needs (the homework assignments especially helped the planners assess relevancy), and (3) whether the process of the course was satisfactory to them with regard to overall format and methodology. Part of the evaluation strategy was long-range, related to planning future continuing education programs.

Although the primary use of evaluation was to provide feedback regarding learning, program effectiveness, and future course interests, its function as an heuristic device also was important. By helping the adult learners identify those areas in which they felt competent and those areas in which they recognized gaps in their professional preparation, the process encouraged them to evaluate themselves and think about their own sequential learning. Evaluation also was useful in assisting participants to review, form judgments about, and integrate the material studied.

Epilogue/Impact

Outreach Course Outcomes

A major outcome of the outreach course was a transfer of knowledge and skill between the school and the county office. The school enhanced its awareness of service delivery issues and the county office developed a more academic orientation to its training and educational functions. The Philadelphia project was able to demonstrate its initial assumption that the mental health system needed the educational institution and vice versa. One visible result was the creation of the continuing education institute, unique within the county, which provided the county office with a viable and responsive vehicle for continuing education, training, and research, while at the same time allowing the school to expand its services within the mental health system.

The continuing education programs conducted through the institute after the outreach courses ended included a six-week and an eight-week course on skills training for resident advisors of group homes for the mentally retarded, a six-week course for community boards on "Mental Health for Older Adults: The Role of Your Center," an eight-week course for providers in the family care program for the retarded, and a course on systems integration for directors of Part F Programs (Early Childhood Intervention). In addition, the county office contracted with the school to develop a self-instructional training manual for community board members, and training sessions based on this manual were implemented through the institute. Participation by mental health personnel and community board members in the institute offerings was good, and evaluations were positive. The institute proved to be a viable mechanism whereby the school could connect with the community and share expertise and concern, providing a neutral ground for participants to explore issues, share problems, and plan actions. It also helped the county office by making available educational manpower, course credits, and an academic orientation.

Staff of the county office and the school reviewed the past projects and made plans for follow-up activities and the implementation of new courses. A proposal that the county office fund the institute on an annual basis rather than by individual courses was considered. This arrangement would allow the institute to expand into other areas, including coordination and research. The coordination element is becoming increasingly vital as the push continues for efficient nonduplicative programs, and as funding sources insist on collaborative, coordinated grant proposals. In the second area – research – the institute could assist the county office with projects not now possible because of a manpower shortage, help to obtain short-term grants for specific projects, and assist in conducting the research.

Viewed by the state as a model for replication in other locales, the institute already has begun to consider a number of possible activities for the coming years, such as systems integration, community readiness for deinstitutionalization, and preparation of community boards for governance of centers. The involvement of the state in the project also has resulted in the curriculum of the outreach course being publicized and shared throughout the state by the Bureau of Research and Training.

On the local level, a participating center promoted one of the course participants to head its outreach program because she had become "the most knowledgeable staff person in this area." The center also used the outreach curriculum and materials to conduct an inservice program for other staff.

Another center built on the newly established relationship to request the university to develop a course on board management for its staff. Videotapes of the outreach course panel on "Cultural Aspects of Urban Ethnics" are being used by both school and university faculty.

Collaboration Outcomes

The most important development resulting from the collaboration of the school and the mental health system has been that both have increased their ability to affect policies of the mental health system through continuing education and related activities. The Philadelphia project team was convinced that continuing education planners must be sensitive to and give direction to political changes, such as funding priorities and leadership dynamics. An example of this was the choice of outreach as a first course, in spite of the fact that mental health administrators were known to regard outreach as a low priority program. The continuing education efforts drew attention to the benefits of good outreach programs. The political struggles affecting the survival of outreach continue, but the project can take partial credit for the increased skills and confidence of some of those fighting to preserve these programs.

The county office and the school became two-thirds of a troika effecting policies at various levels. In the implementation of the courses, the third partner in the troika was the mental health service providers and/or boards. New policies, standards, and service directions were a part of each course. In other efforts, the third partner was the State Bureau of Research and Training. A project emanating from this relationship was a joint proposal to the federal government to retrain state institution staff for jobs in the community system. The bureau also utilized the school as field consultants in training, research, and development for other projects in the state. Another partner was the Central Planning Office of the State Office of Mental Health, which was interested in using the institute to train workers and administrators, and later moved to develop a multilevel fieldwork placement under the sponsorship of the State Office of Mental Health.

Thus for the school there was an incremental escalation of acceptance in a number of areas by the mental health system, beginning with the county and extending to state and federal offices. There were other spinoffs from the collaborative effort. A new course offered by the school on issues and ethics in mental health and taught by the administrator of the county office was a direct result of collaboration. The staffs of the Center for Social Policy and Community Development and the county office assisted each other in areas not directly related to this project – for example, in the development of a manual on public hearings, and the training of community mental health center advisory boards. The director of the center was appointed to the City Advisory Board on Adults and Aging, and along with another member of the original project planning team was invited to participate on an Education and Training

Committee of the City Mental Health/Mental Retardation Advisory Board.

For the county office there were similar benefits from the collaborative efforts. The county administrator now perceives continuing education and training as valuable and has given the office's Division of Training, Information and Education added support, authority, and visibility. The collaboration increased capability within the division and, subsequently, training activities markedly increased. The institute in particular gave the division a vehicle to better coordinate and control training activities within the office, and to help coordinate and give leadership to training activities throughout the city.

An activity that exemplified both these areas was the project on community board training and the development of a manual. By using the institute, the division gained more control over the project in their negotiations with others on the office staff. In addition, the added manpower and expertise of the institute made it possible to centralize and standardize the citywide training at a much earlier date, and quite possibly, at a higher level of quality.

The Philadelphia project has demonstrated in many ways the benefits inherent in a collaborative approach to continuing education. The planners are convinced they have found a good thing and are enjoying the search to make it even better.

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'Explorations in Living' —The Utah Story

by Phyllis C. Southwick,
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The nation's rising rate of teenage marriages, early divorce, desertion, child neglect and abuse, and concomitant social problems during the decade 1960-1970 became a matter of primary attention during the Utah Governor's Workshop on Family Values held in September 1973. This workshop was called to examine values essential to the family and to identify programs that could assist the home and community in coping with contemporary problems. Since statistics for Utah were equally a cause of concern, recommendations were adopted urging responsible agencies and citizens to explore measures to counter this trend, specifically to "make marriage and parenthood an essential and legitimate content in formal education programs in the state of Utah."

Leaders of the Utah State Division of Mental Health and the University of Utah Graduate School of Social Work began to search for programs that might address these problems and cope with them more effectively. "Explorations in Living," a program designed to teach parenting skills to high school students, eventually evolved out of these collaborative, time-demanding, but well-rewarding experiences.

INITIATION AND PLANNING

Social, Political, and Economic Climate in the Academic and Mental Health Systems

At the time the national CSWE Continuing Education Project in Community Mental Health was first launched, a continuing education program existed at the University of Utah Graduate School of Social Work, but it was newly established and still limited in scope. Plans for developing a more substantial program were under consideration, but little faculty time had been assigned to the administration of that program. When the school was approached by CSWE as a possible participant in this demonstration project, a director of continuing education was designated and an advisory committee made up of faculty members and community persons was named to review and make recommendations on continuing education programs and projects. The continuing education director also was assigned a liaison role between the school and the Continuing Education Division of the university.

At about the same time, the school had applied to the National Institute of Mental Health for funding to carry out a project on "A Generalist Approach to Mental Health Training." This received approval on July 1, 1974, and permitted the continuing education program to add a mental health educational specialist to its staff. The school's continuing education program thus was established with a defined program, funding, and faculty.

The school and the Division of Mental Health had always enjoyed a cordial relationship, though limited by the infrequent occasions that called for special collaboration. The main collaboration between them had been in relation to the placement of social work students in fieldwork assignments at various mental health settings in the state. This had been a successful ongoing experience that required no exceptional collaboration.

There were, however, individual contacts between key persons in the two organizations. The dean of the school served on committees of the division. Mental health practitioners were sometimes invited as adjunct teachers for summer programs, and faculty shared in the work of traveling mental health teams in rural areas. Individual consultation was solicited at times, but these relationships were occasional and specific. The division had no continuing education program of its own or a budget for such activity.

Though geographically a large state, Utah's population numbers only 1,026,000 (1973). Deinstitutionalization was no longer a major concern for the division since its state hospital population had already been reduced from 1,500 to 300. Five community mental health centers were functioning and two more were awaiting funding. The division's attention, therefore, was focused principally on community treatment services and the reduction and prevention of mental health problems.

Beginning of Collaboration

CSWE's introduction to the Utah scene came just when the issues of the Governor's Workshop on Family Values were at their height of interest. The invitation to participate in a national demonstration project that called for innovation in continuing education programs for the benefit of personnel in community mental health seemed appropriately timed for both organizations. Leaders of the school and the division met to examine the CSWE proposal, and agreed to participate.

Educational needs of various kinds were reviewed, among them training in human behavior for police officers dealing with domestic conflict, training for operators of day care centers, and continuing education related to special mental health treatment needs for minority populations, including the American Indian. These and other mental health themes were discussed, much data was reviewed, dialogues were held with community people, and conferences took place with faculty from the school and personnel from mental health delivery systems.

The idea that captured the imagination was a project to introduce mental health concepts into the secondary school system and develop curricula to accomplish this. It envisioned a program of education to help teenagers become better able to plan their own lives, especially since high school for many represents the last exposure to an educational system that can assist them in developing their values and plans for the future. Emphasis would be placed on adult relationships, the marital partnership, and the parenting role. The general plan called for the development of curricula related to selected themes, testing these in rural and urban demonstration schools, and then training teachers from schools in various parts of the state to use these materials. This accorded well with the policy of the State Board of Mental Health, which placed strong emphasis on prevention activities. A decision was made to pursue this project, which became known as Explorations in Living.

This project was unique in many ways and therefore required much interpretation. It was not treatment-focused, as mental health services most frequently are. It meant intervention into a third system, the public school, and the readiness of that system to accept and promote it, especially since student mental health was not of major concern to the educational establishment, and its experience with mental health professionals had been relatively limited. Furthermore, it was expected that mental health programs in rural areas might meet with a certain amount of suspicion.

A community organization model of community intervention was employed to identify and establish relationships with community leaders and decision makers. The principal collaborating organizations throughout the process of developing and testing the curriculum were: the Utah State Division of Mental Health, the University of Utah Graduate School of Social Work, the Utah State Board of Education, the Salt Lake Junior League, Bountiful High School in Davis County School District (suburban), and Manti High School in Sanpete County School District (rural).

Bountiful High School is located 11 miles north of Salt Lake City in a middle-class suburb of 33,000 people (1973). The community represents both working class and professional people and the high school population is approximately 1,475 (1973). Manti High School has approximately 350 students (1973) and is located in a rural area in the central part of the state, 130 miles south of Salt Lake City. Manti is typical of Utah's rural areas. Farming is the principal occupation, attitudes are conservative, and the school curriculum is quite traditional. Both schools, though different in population, student background, and opportunities, had high standards of education and dedicated staff.

Parenting education was not unknown in Utah. Much had been written and numerous programs on parenting were taught. Generally they emphasized concepts of child development and instruction about caring for infants. This literature, and some of the experiences of the schools, were systematically reviewed to see if overlapping of goals might exist. It did not. The intent of this new project was to focus specifically on preventive mental health concepts, such as adapting and coping behaviors, to promote a better understanding among high school youth of those value-related activities necessary to a successful life.

Planning/Action Team Formed and Expanded

The pilot team for the Utah project was named as soon as the two demonstration schools were identified. The director of continuing education of the Graduate School of Social Work and the coordinator of youth services of the Utah Division of Mental Health, who had been engaged in all preliminary aspects of planning and decision making, were selected to represent the two sponsoring organizations. The two others were the Home Living teacher from Bountiful High School, who was selected to test the curriculum in her school, and the principal of Manti High School, who also was an educational curriculum specialist.

The project encouraged the involvement of many people with different perspectives. Not only did this invite a harvest of ideas, it also conveyed a respect for their beliefs and sensitivities as parents, professionals, and citizens. Participants included nurses, psychologists, lawyers, social workers, mental health professionals, principals, teachers, and community volunteers of various backgrounds. The high school students for whom this learning was intended were given a voice in the planning. The State Board of Education, as well as specific departments and committees within its structure, were directly concerned and played key roles at various points in the development of the project. Faculty members and doctoral students from the school contributed actively in developing the modules in the beginning stages. As the project became more specifically defined, involvement became more extensive and interest in it spread quickly throughout Salt Lake City and other parts of the state.

A Resource Advisory Council was formed of individuals from many disciplines, men and women of prestige and influence in their professions, their churches, and their communities. Honorary status was given to the wife of the governor of Utah, whose interest in this effort added to its prestige. The guidance provided by this body was extremely valuable both as a group and as individual consultants.

A local community advisory council was formed in the two school districts of Bountiful and Manti, which included parents, political leaders, school personnel, and students. A representative of the Department of Pupil Personnel in each school district participated as well. These local councils were organized to assist in the task of identifying needs. In the process they came to understand, contribute to, and subsequently help interpret the goals and educational programs being devised. Participation assured their interest and ongoing support.

Education and Training Needs Assessed by both Systems

Input came from all these sources. The high school students listed items that had greatest interest for them. These were considered and included in the curriculum. Mental health personnel from various parts of the state communicated the needs of youth in their own districts. Small work teams devoted many hours to elaborate and refine each module, to select reading references and audiovisual aids, and to build-in sufficient flexibility so that a skilled and innovative teacher could modify and invent new activities to arrive at the desired ends. The planners arrived at eight subject areas, each to be elaborated as a module.

Objectives Set

The overall goal of the Explorations in Living project, as stated previously, was to create, test, and refine a high school curriculum based on preventive mental health concepts, which would prepare students to enter adult life as informed and responsible citizens. To achieve this goal, the pilot project proposed to plan and implement the following program:

1. Identify and develop curriculum content that will raise the level of knowledge and awareness of high school youth in planning for the future.
2. Interpret the educational aims and learning content to the community.
3. Train selected teachers to utilize and test this curriculum in their own classes.
4. Identify additional learner groups for whom this curriculum may be beneficial.
5. Publish the curriculum, once tested and revised, for eventual introduction into schools throughout Utah.
6. Make the published curriculum available to schools elsewhere in the nation.

Specific educational objectives were succinctly stated for each module, as well as for each session in the module, so that the intent of the learning experiences and the expected outcomes would be clear to the teacher. The curriculum was expected to give students new guidelines in human relationships and new ways to evaluate choices in planning for their future.

Each module included ten class periods, was complete in itself, and could be taught independently of the others in a two-week period. Together they formed a package that could be presented sequentially in a 16-week semester. They could be utilized as a complete course or integrated as supplementary curriculum into classes such as sociology, economics, health, political science, or home economics.

A brief overview of each module, excerpted from the curriculum, follows:

> *Module 1. Know Thyself (Self-Understanding)* – The goal of this module is to awaken or expand the student's awareness of himself or herself as a unique and valuable person, and to assist the student in understanding values, rules of life, family influences, and past experiences. The framework for this training is that each person is unique, worthwhile, and valuable; that a healthy society is made up of emotionally healthy people who love and respect themselves and are aware of their strengths, weaknesses, and potentials.
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> *Module 2. What Do You Want To Be Doing Five Years from Now? (Career Planning)* – This module is designed to enable

students to begin reviewing the diversity of opportunities in the world of work and to demonstrate to them the relevancy of education and work experience in preparing for the future, whether or not they plan to attend college. This module introduces goal setting, how goal setting can be accomplished, and the need for setting goals throughout life. Differentiation is made between a job and occupational career. Through career planning or career education, there is an urgency of reaching, assisting, and encouraging young people to explore where they are going and to acquire the tools that will enable them to progress in order to reduce or eliminate the undesirable consequences of "dropping out."

Module 3. Making a Choice You'll Live with (Mate Selection) – This module offers students an opportunity to look at their values in relationship to dating, choice of a mate, and the consequences to a marriage these produce. Through understanding what self is, students will have more concrete ideas of their values, and thus will be able to apply value judgments to their choice of dating partners as well as marriage partners. It is believed that one's selection of a mate is enhanced when one knows one's value base and can use this in judging relationships with others.

Module 4. The 60 Percent Relationship (Marriage Adjustments) – A successful marriage does not happen by accident. It takes a lot of skill, patience, insight, and warmth among other things to be successful. With the high divorce rate in America, couples planning marriage and couples who are married should be exposed to the basic elements that help make for a successful marriage.

Module 5. Care and Feeding of Third Parties (Parenting – Exercises in Decision Making) – Good parenting stems from the ability to make the right decisions about oneself and one's family. With some exceptions, most high school students will not assume parental roles for three to five years or more. Information not of immediate use tends to be forgotten quickly. This module teaches a few basic concepts such as the personal needs of adults and children, decision making, and the need for judgment and choice in relationships between parents and children, rather than stressing specific facts on a variety of topics.

Module 6. Varied Life Styles (Alternate Marriage Patterns) – The purpose of this module is consideration of the various roles within the family, and the different family types within society. Discussion includes treatment of male roles, female roles, and children's roles, as well as recognition that these are shaped by the past experiences, culture, religion, geographic location, and life circumstances of the individuals. Students are encouraged to appreciate the existence of differences in the ways individuals and families define their roles without forming premature judgments as to good and bad or right and wrong. Students should begin to understand the advantages and disadvantages of different ways of looking at family roles and styles.

Module 7. Settling Into Adulthood (Adult Responsibilities) – This module attempts to provide the students with thoughts and experiences directly related to what it means to be an adult with responsibility in today's society. Four basic concepts included are: a mature individual must be future-focused in planning and orientation of his or her life; must possess a specific and concrete understanding of economic principles as they apply to the individual and the family; must be firmly committed to citizen participation and community involvement; and must be open and accepting, in a nonjudgmental way, of opinions, values, and ethics that differ from his or her own.

Module 8. Meeting Life Crises (Coping with Life Crises) – This module indicates that coping with crisis often is a part of everyday life. The emphasis in the ten sessions is that crises are a normal part of life. Crises provide the opportunity for growth and further development, are normal, and everyone experiences them throughout their lifetime. What is a crisis to one person may not be to another.

Organization and Structuring the Project

The first phase of the pilot project, beginning in the fall of 1973, was a time of exploration, conceptualization, and settling upon the broad outlines of the plan. Reaching out to individuals and groups in the community, setting up and convening advisory groups, and establishing the pilot team to take administrative and planning responsibility for the project helped substantially in arriving at final goals and plans for moving forward. A basic outline for all modules was agreed upon, as were the eight themes. By fall, 1974, the project was set to go. The mental health education specialist engaged by the school was given major responsibility for implementing this project.

During the second phase, the detailed work of developing the modules was accomplished and the testing process begun. One module was selected for a two-week trial run at Bountiful and Manti high schools, with observers evaluating the experience in relation to student interest and acceptance, relevance of the materials to the students' needs, use of the materials by the teacher, and the time required to complete the module. Revisions were made accordingly, and in the fall of 1975 the entire eight-module curriculum was tested in the two demonstration schools. A private research firm was engaged by the State Board of Education to evaluate the testing process and as a result changes again were made. The materials were then reproduced for exposure to school personnel in a wider cross-section of the state.

In a third phase, 29 teachers from schools throughout Utah were selected for a week-long Teacher Training Workshop in June 1976, at which the curriculum was presented and training was provided in the use of these materials. This participation committed the teachers to field test the materials during the fall semester 1976-77, for which evaluative research was once more made possible by the State Board of Education. Four consultants monitored the progress of the teachers, providing assistance as required. The final document on Explorations in Living incorporated all recommendations resulting from the various testing and evaluation processes. It was published and placed on the recommended list for Utah State education curricula, and is available to all secondary schools in the state.[1]

Assessment of the Plan

Assessment and reassessment has been an integral part of the planning and work throughout the development of the curriculum. The initial eight modules, first developed as a class project by 12 doctoral students from the Graduate School of Social Work, were subsequently revised to make uniform the behavioral objectives, instructions for the teacher, and the form of the modules. Following the first utilization of two modules in a classroom setting in the demonstration schools, they were once again revised. This was followed by subsequent testing and revision, as described above. The document was then given for review to two educational specialists from the College of Education at the University of Utah, as the last step before submitting it for publication.

A further test was conducted in four school districts in 1977-78, for the purpose of national validation of this mental health curriculum.

IMPLEMENTATION

Selecting, Utilizing, and Orienting Faculty

Faculty in this pilot project for the Teachers Training Workshop were chosen from the Graduate School of Social Work, doctoral candidates at the school, and the State Division of Mental Health staff. Each instructor was assigned responsibility for presenting the module in which he or she had been principally involved during the course of its development.

Orientation for the workshop was accomplished in two meetings convened by the continuing education staff, at which expectations from them as faculty in the workshop were reviewed in detail. Each module was scheduled for presentation in a two-and-a-half hour session, to cover concepts, reaching behavioral objectives, using exercises (e.g., role playing and simulated games), and experiential learning. Although all participants were skilled and successful high school teachers, this review was essential for them and to assure the goals of the workshop. Each faculty member was given the additional responsibility of preparing a written report on the experiences of presenting the module.

Identifying and Involving Participants

The experimental curriculum and the planned workshop to train teachers was made known to high schools throughout the state, and 57 applications were received from teachers recommended by their principals. They represented 42 schools in different regions of the state. Criteria for selection included creative ability in teaching, a readiness to accept and produce changes, and insight into understanding student needs.

Twenty-nine teachers were chosen by a selection committee representing the Utah State Board of Education, the State Division of Mental Health, the Salt Lake Junior League, and the Graduate School of Social Work. Stipends were offered for housing and meals, plus a transportation allowance. Participation in the University of Utah workshop and field testing program also earned recertification credits recognized by the State Board of Education.

Securing Funding

Since the national project provided no funding for the state efforts, except for innovations, the Utah planners were obliged to address the matter of financial support. In the process, they reaped considerable public relations benefits for the school's continuing education program and enlisted new support for the project.

The State Division of Mental Health assisted in reproducing the curriculum for the Teachers' Workshop. The Salt Lake Junior League gave funds to make possible the selection of teachers, their stipends for out-of-pocket costs, and instruction costs. The State Board of Education covered the cost of research in testing the curriculum materials in the two pilot schools as well as the 29 field tests. The Graduate School of Social Work provided the time of two continuing education faculty members, as well as secretarial assistance, supplies, and the use of its facilities for the many meetings and the continuing education programs. The total operating cost for this three-year project amounted to $22,800 in cash plus a considerable contribution in kind. The extent of volunteer service and commitment generated by the planners, who were unstinting in their time and personal dedication, accounts in large measure for this modest outlay.

Additional resources, however, were generated by this project. The Utah State Legislature appropriated $250,000 in 1977 for the support of training programs for high school students in parenting education. Throughout the deliberations of the legislature, the Explorations in Living curriculum was cited as a program example.

Furthermore, a continuing education grant to the school from the National Institute of Mental Health that began July 1, 1977, provided funds to bring to new learner groups in other areas of the state the Explorations in Living program for one year.

Fostering and Utilizing Supportive Collaborative Relationships

Relationships between the two sponsoring bodies, the Graduate School of Social Work and the State Division of Mental Health, required only the initiative of one partner to bring about contact with the other. Once established for this project, collaboration was considered an ongoing process, to be activated as required.

Relationships established with the State Board of Education, and its interest in seeking good "parenting" materials for their teachers, facilitated its support of the curriculum being placed on the adoption list for Utah State Curriculum for 1977-1978. The board's further interest in supporting the research for the National Validation assured the curriculum being available throughout the country in 1978.

The fact that a great many groups were working with enthusiasm on the project was vital and positive, and helped advance it substantially. The demands made on the pilot team, however, were enormous, and channeling their energies in a constructive way was a constant challenge. Personal and vested interests surfaced and had to be reconciled with established goals. Accepting the contributions of many, keeping interest high, and interpreting the educational aims and learning content to the community were the keys to producing a curriculum that dealt with content considered "sensitive."

EVALUATION/RESEARCH

The Evaluation Process

Two formal evaluation processes were carried out during the course of the project, each conducted by an independent research and consultant firm not related to the project. The first, covering the teaching of the full curriculum in the two demonstration high schools in Bountiful and Manti, had three purposes:

1. To gather information that would lead to greater clarity of concepts and greater adequacy of the curriculum.
2. To develop instruments to assess the efficacy of the program and determine student attitudes toward school and the program.
3. To create a management system for teachers, such as worksheets, that would provide information useful for the future training of teachers.

The participating high school students were both male and female, in grades ten and eleven, enrolled in home economics and home living courses. Experimental and control groups were used, with pre- and post-tests administered to assess student "attitude toward school," "attitude toward relevance of school experience," and (for the experimental group only) "attitude toward program." Students in the experimental groups were required to take pre- and post-criterion referenced tests for each module as well, which were constructed to assess learning of concepts, facts, and procedures.

Eighty worksheets were developed for the teachers, one for each session. These were designed to assess program materials and to monitor teacher activities in the use of the program. In addition to responding to specific questions, the teachers recorded class happenings or thoughts they considered important for eventual revision of the program or management of the class.

A 2 (pre-post) x 2 (experimental control) x 2 (teacher 1 – teacher 2) repeated measures Analysis of Covariance was used to determine: (1) significant gains by either group relative to the pre- and post-test batteries, (2) significant differences between the experimental and control groups, (3) significant differences between teachers, and (4) significant interactions of the above variables, if any. Grade point average was used as the covariate for this design. Adjusted means and standard deviations were reported for this analysis. Intercorrelations among the following variables were obtained: "attitude toward school" and "attitude toward relevance of school experience" both pre and post, experimental and control, teacher 1 and teacher 2, and grade point average. In addition, for the "attitude toward program" questionnaire, relative frequencies were reported for each scale interval.

In evaluating the results, it was found that the criterion-referenced tests added information other than student attainment. Because the teachers took the latitude they were encouraged to take in their approach to the curriculum, these tests were sometimes not relevant and often not administered. The evaluation specialists concluded that a more appropriate criterion-referenced test would be the one that the teacher compiled from an available list of items. This was accepted for the future.

The teacher worksheets were found to be particularly valuable in pointing out changes both in curriculum materials and in management procedures. The curriculum subsequently was refined, in line with changes proposed by the researchers as well as those proposed by a group representing the Resource Advisory Council, the two sponsoring organizations, and educational specialists from the University of Utah.

These materials were then presented to the new teachers in the state for a final field test, following a week of training in the use of the materials.

Evaluation of Field Tests

The research conducted during the fall 1976 semester with 29 teachers in 25 schools was focused on determining the efficacy of the curriculum. It used an experimental home living or home economics class in which Explorations in Living was taught, and one control class where this curriculum was not used. The data presented here represents the experience of 13 teachers in four different school districts in the Salt Lake City area who could be closely monitored. Three measures were used for the study: perceived knowledge and abilities, concept knowledge, and Eysenck Personality Questionnaire (EPQ).

1. *Perceived knowledge and abilities.* This measure consisted of five to seven statements for each module, which were rated on a scale of from 1 to 6, from "strongly agree" to "strongly disagree," and which were intended to give evidence of the student's confidence in his or her knowledge and abilities. The statements were related to perceived knowledge of self and others, principles of successful marriage, listening skills, communication skills, and effective parenting. In addition, there were items concerned with perceived abilities regarding effective coping, parenting, and communication.
2. *Concept knowledge.* This included three, free-response items per module based on content that was relevant to mental health concepts. They pertained to marriage, listening skills, communication, adult responsibilities, crises and coping, parenting, basic needs of persons, and family roles and interaction. Criteria for scoring these items were written by a faculty member from the Bureau of Educational Research at the University of Utah, and the scoring was done by

another member of the bureau, neither of whom was otherwise involved in the project. This measure was administered at the completion of each module.

3. *Eysenck Personality Questionnaire.* The Neuroticism Scale of the EPQ was administered to both experimental and control students, and consisted of 12 items. The concept of neuroticism is characterized as follows in the manual: "If a high Neurotic individual has to be described in one word, one might say that he is a worrier; his main characteristic is a constant preoccupation with things that might go wrong, and a strongly emotional reaction of anxiety to these thoughts."[3]

Analysis and Results

Independent t-tests (one-tailed) were completed for each module on Perceived Knowledge and Abilities, Concept Knowledge, and the EPQ. Table 1 shows experimental and control group means, standard deviations, number of participants, t values, and probability levels for all three.

Generally, the experimental group felt they had a better handle on how to interact with the world. They felt they knew more about themselves and where they were going than did the control group. The nonsignificant findings in the early modules, it was thought, might relate to the types of questions asked that dealt with the person's role within the family and with ideas about marriage. Perceived knowledge in these areas was fairly deeply ingrained and because the questions were somewhat benign, no differences were found. Another explanation was that the teachers were reluctant to address these concepts in as much detail as in later modules. The difference found in Module 8, although not significant, closely approached significance in favor of the experimental group.

With the exception of three early modules, the differences between the experimental and control group on concept knowledge were large, favoring the experimental group. The curriculum has a cumulative effect in that many of the concepts introduced in early sessions are enlarged and built upon in later sessions. This, it was believed, might account for nonsignificant findings in the earlier modules. The teachers may have become more at ease with the curriculum as time progressed. Module 2 deals with career education, an area covered rather fully in other parts of the student's schooling. Many students were turned off by this redundancy. The data indicated that the experimental group had more knowledge about concepts relevant to mental health. This differential probably can be attributed to their having participated in the Explorations in Living program.

TABLE 1
Experimental and Control Group Means, Standard Deviations, Number of Participants, t Values, and Probability Levels for Perceived Knowledge and Abilities, Concept Knowledge, and EPQ

Name of Measure	Module	Experimental			Control			No. Possible	t	p
		$\bar{X}$	SD	N	X	SD	N			
Perceived Knowledge and Abilities	1	11.78	3.89	276	12.22	3.83	175	36	1.18	NS
	2	15.84	5.20	295	16.93	5.79	178	36	2.07	.025
	3	13.22	3.62	321	13.12	3.91	238	36	0.29	NS
	4	13.61	4.13	305	14.43	4.31	202	36	2.12	.025
	5	15.74	4.18	262	17.80	4.53	152	42	2.15	.025
	6	15.00	4.24	210	16.02	4.20	155	36	2.27	.025
	7	13.95	4.34	203	14.89	4.73	136	36	1.85	.050
	8	12.52	3.81	130	13.14	3.66	99	30	1.24	NS
Concept Knowledge	1	10.19	2.83	276	9.92	3.89	175	15	0.52	NS
	2	6.38	2.65	295	6.43	2.77	178	15	0.11	NS
	3	8.57	2.07	321	5.92	4.09	238	15	4.34	.001
	4	7.21	2.96	305	6.24	4.64	202	15	1.65	.050
	5	9.20	3.24	262	6.21	3.88	152	15	5.15	.001
	6	9.62	3.74	210	4.13	3.80	155	15	8.71	.001
	7	11.72	3.03	203	7.64	5.11	136	15	5.36	.001
	8	7.27	4.22	130	4.10	4.54	99	15	3.44	.001
EPQ (Neuroticism)	N/A	12.56	4.28	137	13.66	3.89	90	21	2.03	.025

NS = Not Significant.

Data from the neuroticism scale showed that the experimental group scored more favorably than the control group. This significant difference could be due to the greater knowledge about mental health concepts acquired by students in the experimental group.

In summary, this research clearly showed the beginning of a significant difference in behavior attitudes by students who participated in the Explorations in Living curriculum. Much more time will be required to gather substantial evidence of the impact that this curriculum and subsequent curricula inspired by it might have on the social problems the project was designed to prevent. Results from this demonstration give cause for encouragement.

Epilogue/Impact

The impact of this continuing education project was substantial, often in unanticipated ways. Local interest burgeoned. Inquiries came from the State Training School Administration, Foster Parents Organization, One Parent Family Programs, and others. Requests for continuing education programs were received from parents of students, young married couples, and professionals in related fields. The

Manti Community Advisory Council requested the opportunity to expand this into broader interests, and held a "Quality of Life" conference for the Sanpete County area.

Benefits have accrued to the Graduate School of Social Work as well. The project brought increased visibility and recognition to the school, and continuing education expanded into four new geographic areas where the school had no previous contact. The Board of Education recognized the school as a resource and requested further joint efforts on educational planning for its teacher population.

National exposure was totally unplanned, although invitations to present the Explorations in Living project came from a Family Life Workshop sponsored by the National Council of Women and Teachers College, Columbia University; a regional conference of the American Public Welfare Association; and the Annual Program Meeting of the Council on Social Work Education both in Philadelphia and in Phoenix. The Junior League of America alerted junior leagues in other communities to the availability of these materials. Inquiries came from parent-teacher associations, school systems, March of Dimes "Quality of Life" workshop planners, and social agencies outside of Utah. Numerous individual inquiries followed each presentation.

Explorations in Living will see many years of use in the school systems long after the planners and the Council on Social Work Education have filed these reports away. It is the conviction of the planners, and of the faculty who contributed to this project, that efforts to bring social work and mental health into the educational system are sufficiently promising to merit continued work. Of equal importance is the potential for continued collaboration between the university and the world of practice that this project has fostered.

NOTE

1. Lou Ann B. Jorgensen and Phyllis C. Southwick, *Explorations in Living: A Preventive Mental Health Curriculum Related to Parenting for the Secondary School System* (St. Paul, Minn.: Paul S. Amidon and Associates, 1978).
2. H. J. Eysenck and Sybil B. G. Eysenck, *Eysenck Personality Questionnaire Manual* (San Diego, Calif.: Educational and Industrial Testing Service, 1975).

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Virginia Community Mental Health Forum

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Virginia's concern about the continuum of precare and aftercare services in the state's deinstitutionalization program led to the initiation of a Community Mental Health Forum for selected management and executive leadership of all disciplines working in the network of mental health services in Richmond. The forum was the first step. Out of this evolved a wide-reaching series of educational efforts, each contributing to the overall goals of improved community services and increased communication and cooperation among the service units. Among the target learners were lay members of community mental health and mental retardation boards as well as the staff members who service these boards. The pilot program in Richmond was envisaged as a model for replication in other parts of the state.

INITIATION AND PLANNING

Social, Political, and Economic Climate in the Academic and Mental Health Systems

At the time CSWE approached the School of Social Work at Virginia Commonwealth University and proposed the Continuing

Education Project in Community Mental Health, the school and the Virginia Department of Mental Health and Mental Retardation (the department) each was amenable to impact from the other and ready to anticipate the benefits of collaboration. In 1973 Virginia, not unlike other states, found itself with a two-track system of outpatient clinics and state institutions with little interaction between them. The mental health department had just begun a reorganization responding to legislation passed in 1968, which created community mental health and mental retardation service boards. The service boards were created in order to plan and deliver services based on local needs and to integrate clinics and institutional services.

There were 23 community service boards throughout the state. The mental health department recognized that there was much to be done to develop the boards and their staffs, and to define the proper responsibility and patterns of cooperation among the clinics, the institutions, and the service boards. Within the department there was a thrust toward deinstitutionalization. The department was eager to plan continuing education programs that would enhance the ability of the board and the staff to establish and maintain effective organizational linkages with their counterpart state and local programs, as well as to encourage personnel in the mental health system and interested lay citizens to work together toward deinstitutionalization.

Although there had been a continuing education program in the School of Social Work since 1966, it consisted primarily of responses to community demand for institutes and workshops throughout the state. Because the school was the only accredited graduate school in Virginia, the dean felt it appropriate that it take responsibility for providing educational opportunities to social work practitioners and related social welfare personnel throughout the state. Most programs were self-sustaining, although there was some minimal generation of external funding in order to provide continuing education programs for specific personnel in designated service delivery systems.

The continuing education program in the school did not specifically address itself to mental health until the impetus came from CSWE to work collaboratively with the mental health system. It was not until September 1974 that a continuing education division was started at Virginia Commonwealth University. At that time the Office of Continuing Education was established and an associate vice-president was appointed, with responsibility to coordinate continuing education efforts on both campuses of the university and to establish noncredit courses of a general nature. This appointment served as a further impetus for the school to begin expansion of its continuing education activities.

Thus the climate was right for collaboration between the school and the department. The department was eager to utilize the resources of the school in planning training programs, especially in support of deinstitutionalization, and the school was pleased to have an opportunity to respond to the mandate of CSWE. From the outset, the educational system and the mental health system viewed each other as a promising resource.

Beginning of Collaboration

Collaboration between the academic system and the mental health system was formally begun when, in September 1973, the dean of the school and the CSWE project director met with faculty from the school and the following staff from the mental health system: assistant commissioner for program development and evaluation, assistant commissioner for mental health and mental retardation operations, director of mental health clinics and centers, and the director of training and career development. In addition, the commissioner for the department participated in a portion of the meeting, as did a representative from the NIMH state program development branch. A number of topics were discussed, including the need for more awareness of community mental health concepts and principles, current and future plans for community placement programs, developments in providing transitional facilities, and the current provision of consultative and educational services throughout the state. Perhaps more importantly, a commitment by all those present was made to participate in the national CSWE project and a tentative goal was set to launch the first jointly planned continuing education program in the late spring or early summer of 1974.

Planning/Action Team Formed and Expanded

Following this productive orientation meeting, additional meetings were held between continuing education faculty in the school and staff in the mental health system. Several documents had previously been developed by the mental health system, including an assessment and analysis of state-wide training needs and a departmental "white paper," which proved to be helpful references. In these meetings the recent history of the mental health department was thoroughly discussed, especially the major changes in personnel and the impact this was having on state programs. It was noted that Virginia had the second highest rate of hospitalization among the states, which fact was persuasive in the decision to focus on current programs and future plans to promote higher levels of community placement. Some of the more successful programs also were discussed. It was thought, for example, that the nurse administrator of a hospital unit who had been particularly successful in developing collaborative relationships with the community might be utilized in eventual continuing education programs.

Considerable discussion was given to community service boards and staffs. The responsibilities of these boards for service delivery and coordination in many instances surpassed the experience and training of board and staff members. It was suggested that continuing education might be a vehicle that would enhance their ability to establish and maintain effective organizational linkages with their counterpart state and local programs. Even though the meeting between the staff of the mental health system and the continuing education faculty was intended primarily as a briefing session, a general objective for continuing education began to emerge and a planning action team was identified.

Education and Training Needs Assessed by both Systems

Ongoing meetings with mental health system staff and school faculty were held, focusing on how efforts to educate community service board members and staff to establish more effective organizational linkages would coincide with other needs identified in the statewide assessment process. It was noted that the second objective – training personnel to perform more effectively in transitional services – was in concert with the school's movement toward macro and micro specializations.

As this assessment proceeded, an additional group comprising service board members, executives from training schools, hospitals, clinics, and community programs was formed to gain their participation in assessing state educational needs. Initially, meetings were held between school faculty and representatives from various units in the mental health system. The next step included soliciting the interest and commitment of counterparts in other state-administered or funded units. Through this process the beginning and approximate objectives were identified, modified, and refined, leading to the design of appropriate educational strategies. Faculty members from other departments within the university, such as psychology, sociology, and psychiatry, were invited to be part of the planning process. The involvement of these groups broadened the perspective and helped delineate priority needs. Objectives were set and a pool of qualified trainers was identified.

Objectives Set

Between September and November 1973, a tentative decision was made to focus on the city of Richmond as a demonstration area in which programs would be tested for later adoption in other parts of the state. Richmond was chosen because it had the highest rate of hospitalization in the state and was served by a number of community units and state institutions.

The substantive thrust was decided upon, which was a two-pronged program that would include: (1) education to carry out a high priority deinstitutionalization program, and (2) education aimed at developing more effective organizational linkages among the service units in Richmond. Choosing Richmond was a logical decision for a number of reasons. As the state capitol it was looked to for leadership. The newly created Richmond Department of Mental Health was eager to use the continuing education program to consolidate and expand its services. Parenthetically, a federal community mental health staffing application, then pending, added substantially to the needs of such a program. Most importantly, the heretofore discrete units were interested in joining forces to provide a comprehensive program and continuity of care among the service units.

In setting the objectives to focus on the Richmond area, the number of people involved in planning was expanded. Although contact was maintained on the state department level with the assistant commissioners, additional Richmond people were involved. Among them were the acting director of the Richmond Department of Mental Health, the director of the Richmond unit of the state hospital that served Richmond, the director and supervisor of the social service department in that hospital, the director of the Richmond Mental Health Association, and a social worker providing services to boarding homes for aftercare patients. The planning group thus incorporated state, local, and voluntary agency staff who received varying degrees of sanction and sponsorship from the state and city departments, the state hospital, the Mental Health Association, and the boarding and family care home operation. It was assumed that a program developed in Richmond would be appealing to the counterpart organizations in other Virginia communities.

Organization and Structuring the Project

Preliminary planning began under the direction of a faculty member assigned to the project, who subsequently left the school. The project then was assigned to the new director of continuing education, whose responsibility it was to implement the plans and to provide structure and task assignment for that implementation.

The plan that was developed included the goal of sensitizing a heterogeneous group of professional and lay individuals in Richmond to mental health needs and encouraging them to plan cooperatively to respond to those needs. In order to reach this goal, the Community Mental Health Forum was conceived.

The forum was held in the summer of 1974 and included five sessions. Its goal was to (1) improve precare and aftercare services by developing new ideas for effective programs, and (2) improve the linkages and coordination among agencies in the mental health network. Forty-eight prospective participants were sent invitations by the Virginia Comissioner of Mental Health and Mental Retardation, with a postcard to be returned to the Richmond City Department of Mental Health. The sanction of the mental health service delivery system thus was made known. The recruited group represented not only the agencies financed by the city and state mental health departments, but also the Department of Social Services, Department of Health, Department of Vocational Rehabilitation, and several private agencies. Selected board members from those agencies also were invited to participate.

Considerable emphasis was placed on the assumption that these were highly qualified learners who could assume active responsibility for their own learning. The forum staff spent considerable time with each of the participants to help them develop their own objectives for the program and to work out educational experiences and assignments that would lead to the achievement of the stated objectives. The forum staff included the director of the Richmond Department of Mental Health and Mental Retardation, the director of continuing education of the School of Social Work, and a faculty member from the school. The planning/action group designated the director of continuing education of the school to be responsible for the organization of the sessions included in the forum, ordering books and educational materials, recruitment and payment of selected teacher-facilitators, and initiating contact with the action teams.

Assessment of the Plan

In all the meetings leading to the implementation of the forum, there was an assessment of the planning process. The other sanctioning agencies shared in this in order to legitimate the plans that were being developed.

IMPLEMENTATION

Selecting, Utilizing, and Orienting Faculty

Distinguished outside leader-facilitators were invited to Richmond for the forum and were informed that the learners were persons known to be able, highly committed people who were interested in using their time to resolve problems of immediate importance in their work situations or in their volunteer involvement as contributors to better mental health service delivery. Faculty were informed as well that the success of the forum would be determined by the extent to which participants were helped to deal effectively with problems in the area of precare or aftercare services. They, as faculty, were selected for their expertise and ability to respond to the articulated educational expectations of the participants.

Identifying and Involving Participants

The program was experientially based. Participants in the forum were asked for a commitment of 12 hours a week, which gave them at least 4 hours a week outside the forum sessions for independent investigations into areas in which they needed additional information. The expectation was that they would exercise their own initiative in this. Some might choose to confer with leaders in the Virginia Department of Mental Health and Mental Retardation relative to problems they wished to solve, and others might wish to contact churches or zoning officials in order to resolve problems related to aftercare which they identified in the forum.

The acting commissioner of the National Institute of Mental Health opened the forum by orienting the participants to the national situation. He was followed by the commissioner and assistant commissioner of the Virginia Department of Mental Health and Mental Retardation who reviewed the state situation. Participants then had an opportunity to be involved in a simulation game designed to help them understand patient care in Richmond and the functions and dysfunctions of agencies in the mental health network. A director of a mental health center in Michigan dealt with commonality of problems between states, and, finally, on the last day of the five-week program, the participants reviewed the educational implications of their experience and evolved a future plan of action.

The forum, they concluded, had been extremely effective and had fulfilled its purpose of promoting an interchange of ideas. It was important that work continue on the mental health problems that had impressed them and that required ongoing study and action. They asked that the forum prolong its existence to make this possible. This decision was made and the Richmond Community Mental Health Forum committed itself to the task of becoming a resource center for information, discussion, and coordination of planning to facilitate the successful development of comprehensive mental health and mental retardation facilities, programs, and care.

To perform this function, the forum set up four task forces. The Housing and Shelter Task Force concerned itself with responsibility for gathering data about existing housing facilities for adults in Richmond who were receiving services from the Richmond Department of Mental Health and Mental Retardation. The Education Task

Force had as its goal the utilization of the resources of educational institutions in order to plan continuing education programs for individuals concerned about the mental health delivery system. The Multi-Service Center Task Force took as its responsibility the development of position papers dealing with the feasibility and necessity for the establishment of centrally located mental health and mental retardation services. The Legislative Task Force committed itself to providing information for legislators about mental health needs and making information available to citizens when it was necessary to support or oppose pending legislation dealing with mental health issues.

The task forces came into existence after the participants in the five-week summer program identified 56 unmet needs in service delivery in community mental health and selected 9 top priority needs to be addressed in the future. From these priority needs emerged the mission of the task forces.

Developing Curriculum

The curriculum was not designed in isolation. Rather, it was a mutually agreed upon curriculum responding to the assessed educational needs of the participants and focusing on the objectives of the forum as outlined by the participants: (1) to improve precare and aftercare services, (2) to develop new ideas for effective programs, (3) to improve linkage and coordination among agencies in the mental health network, (4) to plan additional educational programs for the Richmond area, and (5) to disseminate the forum program achieved in the Richmond area to other regions of the state.

Identifying and Utilizing Supportive Measures

It was agreed by the planners of the forum (potential participants, mental health department personnel, and school of social work faculty) that the educational methods used would be guided by *A Trainers' Guide to Andragogy*, published by the Department of Health, Education, and Welfare. Each participant received a copy of the *Handbook of Community Mental Health*, by Stuart Golann and Carl Eisdorfer. In addition, a folder was made available containing articles specially selected because of their focus on precare and aftercare services.

The forum took place at a local hotel, and coffee, a mid-morning snack, and lunch was furnished for each session. The last session was followed by a social hour and dinner, with personnel from the mental health departments and the school of social work faculty participating in a final summary. The closing dinner symbolized the mutually respectful climate established as a result of the interaction between school and mental health department personnel. What had started as cautiously guarded but hopeful relationships by the two collaborating organizations culminated in an outpouring of trust and commitment to an ongoing collaboration. The presence of the dean of the school and the commissioner of the department affirmed this commitment.

Securing Funding

All expenses for the forum were covered by a contract awarded by the department to the school to cover honoraria, food service, educational materials, and use of facilities. In addition, personnel from NIMH, the department, the Richmond Department of Mental Health and Mental Retardation, and school faculty volunteered their time and services in the development of the forum. The state mental health department has continued to provide funds for the development of subsequent continuing education programs.

Fostering and Utilizing Collaborative Relationships

The Community Mental Health Forum, which initially was planned as a five-week continuing education program, became an ongoing community-based organization that met regularly to identify other continuing education needs for individuals concerned with mental health service delivery. As a result of the impetus from the forum and the relationship established with the department, additional continuing education programs were requested and implemented in order to bring about: (1) interface between professionals and lay people in Virginia, and (2) ongoing continuing education programs for service board members and agency staff. Fourteen programs were carried out, as described below:

1. In June 1974, two three-day institutes were offered for members of community mental health and mental retardation services boards and staff members servicing these boards. These two institutes focused on improvement of linkage and coordination between the central office and community services boards. One hundred people participated, including community board members, staff members, and personnel from the central office of the department. For the first time, lay community board members had an opportunity to enter into dialogue with central office personnel and to have some questions answered. In addition, they were given a perspective of the expectations of the central office in regard to board members' responsibilities. As a result of this institute, a strong recommendation was made that an annual institute be held for all community

services board members, their coordinators, and central office personnel.

2. In April 1975, an institute was held for members of the ongoing Richmond Community Mental Health Forum on "Mental Health Legislation and Community Impact on the Political Process." The impetus for this continuing education program came from the legislative task force of the forum. Funding came from the department, but was given with some trepidation because of concern that a workshop dealing with mental health legislation might be viewed as the department's financing of "lobbying" efforts. However, because of the trust previously established between personnel in the department and the school, it was agreed that funding would be provided. Among the materials distributed to the 40 participants was an article on legislative advocacy, a summary of the National Health Planning and Resources Development Act of 1974, information about Title XX grants, and several pieces of legislation recently passed in the Virginia legislature. Participating as leaders were the state assistant attorney general, the commissioner of mental health and mental retardation, and the state deputy commissioner of health. In addition, a Richmond city councilman, a delegate to the Virginia House of Delegates, and a project coordinator who served as an informal lobbyist on the national scene were invited to discuss how impact could be achieved in the political process. An unanticipated spin-off was the commitment of a city councilman to support funding for mental health services in the Richmond City Council.
3. In cooperation with the Education Task Force of the forum, the school's department of continuing education submitted a proposal to the Virginia Mental Health Foundation, a private funding group, and funds were granted to establish a series of four one-day workshops to be held in separate sections of Richmond, to provide for a mental health learning exchange. The overall purpose was to assist in the early identification, prevention, and treatment of mental and emotional problems by providing direct service workers and community caretakers with the necessary armamentarium to serve that end. The series also sought to facilitate communication among the variety of service providers as well as to promote the concept of community mental health. Workshop participants included lawyers, police, nurses, outreach workers, ministers, counselors, social workers, and others

whose organizations provided services in the particular area in which the mental health learning exchange series took place. The benefits of the intermeshing of these disparate groups were extensive. Individuals who previously had not known each other developed interest in learning about community resources and worked to promote better and more appropriate interagency referrals. Faculty for these learning exchange programs were practitioners in mental health service delivery in the given area. In addition, staff and planning personnel came from the school, the Richmond Department of Mental Health and Mental Retardation, and the Richmond Community Mental Health Forum.

4. In June 1975, the school responded to a request from the Virginia Office on Volunteerism and the department to plan continuing education programs to train the trainers of volunteers in the mental health system. Accordingly, coordinators in the volunteer programs within the mental health system were invited to attend a three-day workshop funded jointly by the State Office on Volunteerism and the department. Twenty-five volunteer coordinators attended and were participants at an experiential learning program led by a community specialist in transactional analysis and skills development for organizations. In addition, the chief of the Volunteer Services Division of the Social and Rehabilitation Administration was invited to give information about running volunteer programs. Each participant was presented with a copy of the *Guide for Staff Who Work with Volunteers* and *The Volunteer Community*. Furthermore, the participation in the workshop of the assistant commissioner for mental retardation gave sanction to the program and to the role of the volunteer.
5. In August 1975, a follow-up to the workshop for volunteer coordinators was carried out, to give them more specific information about recruitment, training, and evaluation of volunteers within the mental health system. The request for this came from participants in the previous workshop, who recognized the benefits of their training and were asking for more extensive and specific training for themselves and volunteers in other parts of the state. Funding for this workshop came from the State Office on Volunteerism. Support from the department was given in the form of letters sent to communities to request that volunteers in the mental health system be reimbursed for travel expenses.
6. In September 1975, two three-day institutes were offered

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for members of community mental health and mental retardation service boards and for staff members serving these boards throughout Virginia, as a follow-up to those given in 1974. The impetus came from those who had attended the previous program and who had spread the word to their colleagues in other communities about the benefits derived from their experiences. Close to 150 people attended these institutes, which resulted in broad recommendations to the Virginia mental health department for the strengthening of relationships between central office personnel and community board members. A task force was created to provide for ongoing communication between central office personnel and community board members. The chairman recommended the development of a guidebook for community service board members to acquaint them with their responsibilities and rights.

7. The Innovation Fund of the national project supplied a small stipend which made possible the production of an informational film, which was intended for lay audiences in order to inform them about the community mental health concept and the thrust toward deinstitutionalization in the state, and about the concomitant development of community resources for the treatment of clients in the mental health system. The film was a result of an interface between four collaborators: the School of Arts at Virginia Commonwealth University; the Department of Continuing Education of the School of Social Work; the Richmond Community Mental Health Forum; and the Richmond Department of Mental Health and Mental Retardation. The script was written by a committee representing the four groups. Students in a multimedia class at the School of Arts studied the script, informed themselves about community mental health, and produced the film, using visual illustrations and music to interpret the message. The film has been shown by mental health practitioners to community groups in various parts of the state.
8. In March 1976, three planning districts in northern Virginia requested the development of a workshop for board members to augment their knowledge about relationships between community service boards, institutions, and the department. The three planning districts contributed funds from their own training allotment to make this possible, and added supplementary funds provided by the department. This continuing education program in northern Virginia was

an outgrowth of the state-wide institute of September 1975. Members from these communities became aware of the need for more training in the areas of priority setting, planning, and budgeting because of their previous exposure.

9. The final program within the context of the CSWE project was a 20-hour training and orientation program for operators of licensed adult homes in the Richmond area. With the increase in deinstitutionalization, it became obvious to members of the Community Mental Health Forum that nursing home operators needed more knowledge about caring for persons released from institutions and housed in licensed group homes. That workshop was planned cooperatively with the Housing and Shelter Task Force of the Richmond Community Mental Health Forum, the Richmond Department of Mental Health and Mental Retardation, the Virginia Department of Mental Health and Mental Retardation, and the Association of Licensed Adult Home Operators. Funding was provided by the Virginia Mental Health Foundation. Program content included information on mental health and mental retardation, gerontology, general community services available to residents in group homes, relationships between group homes and the department, and group process in working with a resident population.

EVALUATION/RESEARCH

Process Evaluation Leading to Refocusing

There is no doubt that much change occurred, as evidenced through ongoing process evaluation of the collaboration between the School of Social Work and the practice system. Collaboration stimulated the school to focus on functions rather than on disciplines. The mental health system was deeply committed to better service delivery, and the school was equally strong in its commitment to upgrading the quality of service delivery in the practice system. Therefore collaboration was both possible and productive. The programs were intended for all who impact upon the consumers of services. Participants were not only social workers but also other individuals who played influential roles in determining the kinds of services, the efficiency of services, and the capacity to evaluate services delivered.

Collaboration can be affected temporarily when there is a change of personnel in leadership positions, as occurred when a new director of training for the Virginia Department of Mental Health and Mental Retardation came on the scene. It required time for him to learn his way through the system before he could give the time to collaborate closely with the school. As a result, planning for the workshop in September 1975 was condensed into a brief month, entailing a great deal of time, effort, and investment by the school to achieve results. Fortunately, the workshop was highly successful, but efficiency and the benefits of a shared planning experience were reduced. Once the director became oriented to his new post, collaboration became more active.

It became obvious in evaluating the planning process that some things were done better separately by either the service delivery system or the school. The planning for workshops, sending out notices, follow-up of participants, and similar administrative processes were accomplished efficiently by the school. The planning of programs, decisions regarding curriculum, selection of faculty leaders, monitoring of progress, and ongoing evaluation, however, were seen as a collaborative process and therefore were developed mutually. Such planning was strengthened when maximum input from potential participants was possible.

In evaluating the continuing education programs offered through this collaborative effort and the feedback of participants, it became obvious that a new look at the school's "preservice training" (i.e., curriculum planning in the area of mental health and mental retardation) was in order. A series of meetings of mental health administrators and school personnel subsequently was planned to determine and assess training needs within the mental health system, which both preservice training and continuing education could address. The curriculum thrust in the school, which began in September 1976, included a plan allowing students to elect a concentration in one of several human services delivery systems. One of these was mental health and mental retardation, in which students took courses geared to skill development for practice in that system.

The faculty member appointed by the dean to chair the Mental Health and Mental Retardation Curriculum Committee also was a member of the pilot team for this continuing education project. His knowledge of the ongoing evaluation of the pilot project permitted him to incorporate that into his suggestions for curriculum planning for the degree students. The same faculty member served as project coordinator of an off-campus, part-time master's degree program in southwest Virginia. This program, which allowed students a concentration in mental health and mental retardation, was another useful vehicle for identifying training needs for both employed mental health personnel in rural Virginia and those planning to work in that system.

Epilogue/Impact

This project, in demonstrating the benefits of utilizing the resources of an educational institution to advance the goals of a practice system, also made the partners aware that it may be inappropriate for an organization with a mandate to serve the entire state to limit itself to a single school in a single university for its continuing education needs. Because of the convenient location of both institutions in Richmond, and the school's readiness to respond when need for training arose within the department, there was little exploration of resources in other educational institutions.

A new formula for continuing education activities therefore was devised. Through a grant from the department, a new continuing education coordinator for mental health and mental retardation services was engaged to work through the office of the vice-president for continuing education at Virginia Commonwealth University. Her responsibility was: (1) to work cooperatively with directors of continuing education in all departments of the university as well as with personnel in the department, and (2) to identify continuing education resources at the university and other educational institutions in the Central Virginia Education Consortium. Her responsibility was to bring about a regional continuing education network that would be available to respond to continuing education needs identified by the department. The School of Social Work would continue to be a source of expertise for the department, but would, appropriately, be one of many schools and universities within the state available to respond to requests for continuing education programs in community mental health.

Some side benefits, or spinoffs, are worthy of note. First was the development of a manual by the new continuing education coordinator for mental health and mental retardation services, for volunteers on community services boards in Virginia as well as for professional personnel attached to these boards. Much of the material developed during institutes of this project and tested by earlier participants was included. This manual gave appropriate recognition to the continuing education activities in mental health of the school.

A second benefit was the relationship established between faculty and students in the School of the Arts and those in the School of Social Work, which seemed unusual to the planners. In the development of the multimedia presentation, a new respect emerged for each other's discipline and the awareness that each had something to offer to the other. The collaborative effort between the pilot team and the School of the Arts was a jumping-off point for future relationships in other multimedia offerings dealing with social work issues. The School of the Arts established a Center for Communication through which faculty in all the schools at Virginia Commonwealth University can request a collaborative relationship for the purpose of developing artistically sound and appropriately communicative media presentations.

A third benefit was the impact that teaching in continuing education had on some of the faculty. To cite one illustration, faculty chosen for their expertise in gerontology gained new respect and understanding of the differing needs of individuals with substantially varied educational backgrounds as a result of working with personnel from the health department, nutrition, and licensed adult homes in Richmond. These operators of group homes came from many different orientations and challenged the innovative skills of the faculty, who in turn tried to respond to their individual learning styles. The faculty were grateful for the skills they gained, which were different from skills utilized in their more usual settings.

There is no doubt that institutional change has come about both within the School of Social Work and the Department of Mental Health and Mental Retardation, coincident with the development and the life of this project. The school is emphasizing its responsibility to train personnel for practice in the mental health and mental retardation system, and the department has become increasingly aware of its responsibility to provide continuing education opportunities for its staff.

Representatives of the two organizations considered their experience sufficiently new and valuable to present a session at the 1977 CSWE Annual Program Meeting on the topic, "Relationships Between a Department of Mental Health and Mental Retardation and a School of Social Work in the Development of New Curriculum Patterns Ranging from the Baccalaureate Degree to Continuing Education."

For Virginia, this national project stimulated and encouraged an increasingly close and mutually respectful relationship between these two partners. The national sanction sparked the burgeoning of a relationship that has benefited, and will continue to benefit, both the delivery system and the educational institution.

PART III

The Process of Continuing Education Within a Collaborative Framework

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The Process of Continuing Education within a Collaborative Framework: A Conceptual Model

by Jerry E. Griffin &
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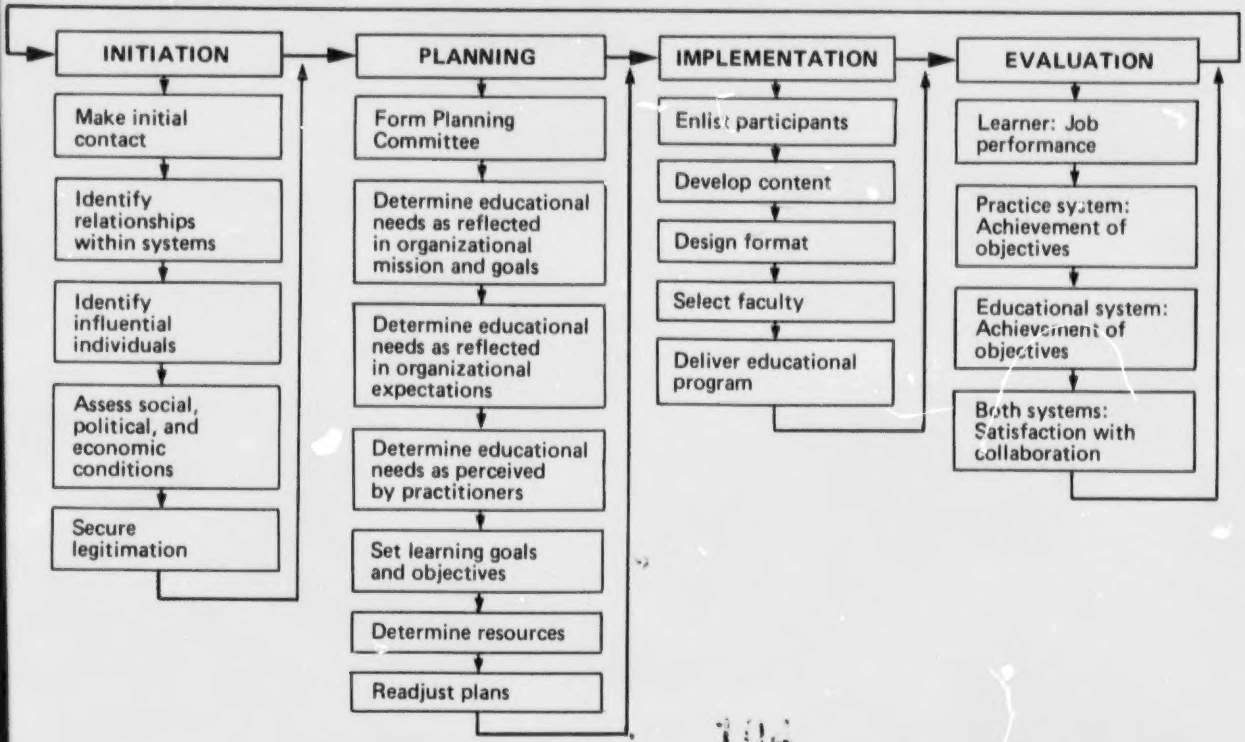
This chapter deals with the CSWE Continuing Education Project in Community Mental Health in a conceptual rather than a descriptive fashion. It seeks to synthesize and integrate the experiences of the five pilot projects within a collaborative framework.

Collaboration took place on state and local levels between the community mental health system and the graduate school of social work. The schematic model presented in Figure 1 was developed from the combined experiences of the five demonstration teams, from abstracting the common process elements of their pilot models. It identifies the necessary steps in a collaborative continuing education process, and is presented as an analytical tool. It focuses on four major areas: initiating, planning, implementing, and evaluating. Although the model describes the continuing education process as a sequential series of discrete phases and steps, at times some of these may occur simultaneously. Continuing education is a dynamic process, with movement flow and interacting phases and processes. Some phases may not be relevant to all programs, and other collaborative efforts might require additional phases or modifications. The model does provide a basic framework, however, which may be adapted for collaborative projects in other community mental health

FIGURE 1
The Process of Continuing Education Within a Collaborative Framework: A Conceptual Framework


INITIATION
Make initial contact
Identify relationships within systems
Identify influential individuals
Assess social, political, and economic conditions
Secure legitimation
PLANNING
Form Planning Committee
Determine educational needs as reflected in organizational mission and goals
Determine educational needs as reflected in organizational expectations
Determine educational needs as perceived by practitioners
Set learning goals and objectives
Determine resources
Readjust plans
IMPLEMENTATION
Enlist participants
Develop content
Design format
Select faculty
Deliver educational program
EVALUATION
Learner: Job performance
Practice system: Achievement of objectives
Educational system: Achievement of objectives
Both systems: Satisfaction with collaboration

settings or related fields where the target is the practice institution and where a response to changing needs is desired.

A collaborative framework for continuing education implies a creative partnership between two systems that assures advantages to both. For the practice system, it gives access to educational resources it must have in order to maintain leadership and competence in coping with changing problems and mandates. It permits the educational system to expand its instructional efforts into the community, contribute to the advancement of professional leadership and practitioner competence, and bring back to the school a wealth of practical information. Working collaboratively encourages both to face up to critical institutional and service problems, and to design education that will help define problems more precisely, and ultimately lead to more satisfactory solutions. Each will learn something new.

The collaborative arrangement is based further on the premise that the two systems are interdependent, that the existence of one is tied to the other, and that communication between them is essential.

THE INITIATION PHASE

The initiation phase of a continuing education program begins when an individual in either system determines that such a program is needed, acts as a catalyst, and reaches out to motivate others and establish appropriate linkages with the other system. These opening contacts enable the two systems to examine in general terms what needs exist within the practice system for which continuing education could be beneficial and whether or not they wish to enter into a collaborative process. Sometimes external factors may play a catalytic role, such as the availability of funds, the sanction of a prestigious organization, political happenings in the state, or prior experiences with continuing education programs.

As reflected in the experiences of the pilot teams, the following five steps shown in Figure 1 were identified as elements of the initiation phase.

Step 1: Making the Initial Contact

Although beginning discussions may take place between any designated representatives of the two systems, the key persons generally are the director of continuing education in the school of social work and either the director of training or a key administrator from the practice system. When prior relationships exist, the initial contact will probably require little formality. When the initial contact is between unfamiliar parties, many questions will have to be addressed.

A mutual assessment of motives tends to take place as each attempts to determine what the potential advantages may be to his or her system, what expectations each might have of the other and of the total experience, and what investment is required. It is important to identify and elaborate the mutual benefits that collaboration might bring, how it can support and enhance the practice system and its service objectives, and what resources the educational system can provide. Through this mutual assessment, trust can be developed, with a special focus on defining the roles various people would be expected to play.

Discussions are likely to be tentative at first. Often a series of meetings is required before either system is ready to commit itself to a major venture with the other. It is important to recognize that any process designed to facilitate relationships that continue over time and that offer a diversity of educational programs related to practice needs requires a different kind of investment from people than do "single-shot" offerings. Collaboration necessitates time investments which may seem heavy at first, but which may prove to be justified by the results. Collaboration is no guarantee of success: an element of risk is always present.

Step 2: Identifying Relationships within Systems

Both parties in a collaborative relationship will find it necessary to understand as much as possible about the other system, including the network of power and authority, the communication structure, the organizational constraints under which they operate, and the prevailing atmosphere, all of which might affect eventual planning.

Educators – even those who have been well-informed about mental health systems – will find it necessary to update their understanding of the mental health system. They should learn about: (1) organizational decision making, (2) who allocates staff time and resources for continuing education, (3) the kinds of continuing education programs previously supported, (4) the significance of pressures weighing on the mental health system, (5) the nature of anticipated organizational and programmatic changes, and (6) the individuals who might affect such decisions.

Similarly, practice representatives will find it important to become more familiar with: current university policies, especially with respect to continuing social work education; the scope and flexibility of continuing education program planning; the financial obligations and fiscal management systems involved; the policies that relate to the selection of faculty for continuing education; the award systems from which their staff might benefit; and the resources that the university can bring to a joint undertaking.

Step 3: Identifying Influential Individuals

It is important to identify persons on various levels of the organizational hierarchy of both systems whose commitment, support, and leadership could be valuable in a collaborative effort. This includes the sanctioners, who carry fiscal and administrative responsibility for their organizations, and the planners, who make decisions and implement the continuing education programs.

Top decision makers seldom have the time required for actual planning, but their sanction is important. Generally they designate key staff members to serve as planners, to become the active partners in the shared enterprise. There is much value in having persons in planning roles who communicate well both upward and downward.

Step 4: Assessing Social, Political, and Economic Conditions

The national climate in community mental health, as well as the major social, political, and economic factors that are present in a given educational or mental health environment need to be recognized and assessed for relative importance. Issues such as a strong emphasis on mental health rather than on mental illness, political demands for accountability, or new legislation mandating changes in service priorities will determine where the need for change is greatest and which goals continuing education can address most advantageously. The readiness of state and local administrations to accept and/or initiate change may vary from place to place.

Funding availability within a state or locality for mental health services will affect the amount of emphasis the locale places on continuing education. Clearly, continuing education is more vulnerable to economic cutbacks since it is oriented toward fulfilling the educational needs of the practice community and its funding is frequently dependent on nonuniversity sources. Even in practice systems that generally are well-funded, training and education usually are among the first programmatic components to go, since they are often viewed as peripheral and expendable.

Assessing these conditions also assumes looking for ways to influence them. Continuing education is a useful way to help staff learn to manage scarce resources, to understand better the changing environments in which they work, and to be flexible in providing mental health services. When continuing education programs are cooperatively developed and jointly sponsored by the two systems, when they are designed to focus on real needs, and when funding sources are convinced that continuing education may indeed improve practices and services, they have a strong chance of being funded even when budgets are tight.

Step 5: Securing Legitimation

In any setting, if one is to assure the sanction and sponsorship for a continuing education program, the two partners must view each other as a valuable resource. In the interdisciplinary setting of mental health, especially when the sanctioners are from fields other than social work, it may be necessary for the school of social work to establish its legitimacy as an agent for providing continuing education for personnel in that system. Professionals tend to identify with their own discipline, which for a number of top decision makers in the mental health system is not social work. Mental health has been largely treatment-oriented and psychiatry has dominated.

The school of social work derives its legitimacy in the field of community mental health from the fact that it is one of four official mental health professions and therefore shares an obligation to keep practice professionals alert and informed about new developments. The school's formal position within the university permits it to tap the resources of other departments for a broad range of interprofessional education programs.

Unless there has been prior experience to demonstrate the ability of the school of social work to contribute significantly to solving practice problems in the mental health system and to the professional advancement of its personnel, the school must anticipate that it will have to establish its legitimacy at the start and reaffirm it repeatedly as the educational process progresses. In instances where contacts between the practice and education systems are sparse or nonexistent, practice professionals are likely to be unaware of the potential for continuing education available through the school of social work.

Legitimation is achieved largely by demonstration, by giving proof that the school can indeed help a major community agency enhance its service delivery capabilities by increasing the skill and understanding of its staff. The school's director of continuing education will establish legitimacy by his or her: (1) capacity to reach out to the mental health system and interpret the school's ability to respond to continuing education needs; (2) knowledge about the goals, needs, and operations of the practice system; (3) ability to involve representatives from the two systems in establishing an efficient and flexible decision-making structure and process for planning; (4) sensitivity to personnel needs in the practice system; and (5) ingenuity in tailoring programs to these needs and to the unique sensitivities of all concerned.

Mutual trust and confidence are not built quickly or easily. The need to reaffirm legitimacy will remain an ongoing concern. Each successive cooperative venture is more easily legitimated, however, as successful experiences accrue.

THE PLANNING PHASE

Program planning in a collaborative process involves many people in a variety of ways, all of whom are accountable to the organizations they represent as well as to the individual learners who participate in the educational programs. Planners have the liberty to proceed in whatever creative manner they believe will best achieve the objectives which they, their learners, and the funders have set.

Seven steps in the planning phase were identified by the five demonstration teams as shown in Figure 1 and discussed below.

Step 1: Forming a Planning Committee

The composition of a planning committee is crucial in many respects. The selection of team members is a critical process because the mixture of personalities, knowledge, commitment, and time may determine how well the educational program will succeed. Planners need to have some power and authority within their own system and be able to make important decisions in relation both to the planning and implementation of the decisions. Sophistication in political and administrative matters, knowledge in the instructional areas, and contacts with persons who might be helpful to the program are valuable attributes.

Initially, a small core of key representatives from the collaborating organizations is needed to look at the general goals of the organization, the activities in which it engages to meet these goals, and the complex network of relationships among the persons who carry responsibility for these activities. As broad problems are examined and gaps and deficits appear, the direction in which change can contribute beneficially will become explicit.

Out of such initial exploration general goals begin to emerge. It is important at this point that the sanctioners in the collaborating organizations be informed of the findings, and that their support is assured for the broad outlines of the proposed continuing education program, the geographic areas to be served, and the scope of change anticipated. Once all are agreed on the general direction, the planning group can be expanded to include others who are directly involved in the designated service areas.

There are distinct advantages to broadening the involvement of people in the planning process and including other persons who are directly related to the service areas for which continuing education is to be planned. Faculty and service providers who are familiar with the system they represent can be very helpful in guiding the planners through bureaucratic channels. Their knowledge of the operation of these services brings new insights to the planning team and leads to a reshaping of initial ideas. With input from many levels within an organization, commitment and participation in the program will be more extensive and organizational support more secure. To the extent that individuals are involved in a project and have a stake in its outcome, they will make it their own and work actively for its ultimate success.

Every structure will vary, since it will flow from the objectives, functions, and resources inherent in each situation. There can be no single structure to meet all purposes. Within any structure, however, someone must be identified as principal staff coordinator, with responsibility and authority to centralize efforts, guide the committee process, facilitate a meaningful weighing of program options, encourage imaginative planning and efficient implementation, and assure attention to the numerous detailed tasks. That person must have a commitment to interdisciplinary collaborative relationships and skill in facilitating that kind of collaboration. Normally in a school-sponsored program, this is the function of the director of continuing education. In a collaborative process, a co-coordinator from the practice field would share this responsibility to the extent that this is seen as an efficient arrangement. At times certain prerogatives may be assigned to one system or the other.

Step 2: Determining Educational Needs as Reflected in the Organization's Mission and Goals

The first task in planning for continuing education is to identify needs as seen by the practice system. The process of assessing needs is of necessity a continuous one. The organization's own purposes and programmatic goals are the base from which learning objectives are determined and these are never static. Planners who design education to affect the nature and quality of practice must be constantly alert to the possibility that directions and policies may change, either as a result of outside pressures such as legislative mandates and political influences, or from an internal desire to discard traditional programs that have become outmoded. In community mental health, circumstances related to unmet needs or unresolved problems are constantly changing.

In a collaborative continuing education planning process, the academic system can help bring about a climate of intellectual and creative effort, and interact with the practice system as it reexamines its goals and seeks to relate them to the reality of today's society.

Step 3: Determining Educational Needs as Reflected in Organizational Expectations

If any change in purpose, goal, or practice is to occur, the practice system must be assured that its staff is sufficiently capable of bringing this about. Continuing education, therefore, becomes an essential instrument through which the practice system can affect its own services. Those on top levels of decision making need to share in the determination of needs, at least in its broad outline, and make known the benefits they wish their organization to derive, the outcomes they would expect to realize from the educational enterprise, and who the principal learning population should be.

Their commitment to the educational process in the early planning stage and to the changes they eventually wish to bring about will facilitate later application of learning by the participants. Such support is needed if continuing education is to have solid and sustained benefits for the practice system as well as for the learner.

Step 4: Determining Educational Needs as Perceived by Staff

For the individual learners, participation in continuing education activity should represent a continuity in their own development as professionals. They can expect to develop greater skill in solving on-the-job problems or be exposed to new perspectives that refresh and expand their practice knowledge. Whatever the level of responsibility that prospective learners may hold, their own learning needs are likely to differ from those of colleagues on the same level. Educational credentials and length and type of experience are seldom the same. How each perceives practice in his or her own setting, and what each hopes to gain from the learning experiences are therefore essential elements to be established, which the planners must take into account.

Although the general goals of the continuing education program will have been established by the organization in advance, the specific objectives of each program will be determined by the participants themselves. They will be encouraged to examine what they do, look at their educational deficits, and identify problems and dilemmas in their work. The assessment process may motivate people to engage in learning as they become aware of areas in which they need to increase competence and improve performance.

At times, practitioners will request learning that is unrelated to the organization's purpose, but which reflects their personal career goals or knowledge interests. To the extent that this can be reconciled with the overall goals, such adaptation may be negotiated. If not, other resources for such additional learning may be suggested. Frequently, also, practitioners will view the needs of their job differently from their superiors. The fact that persons on different levels of responsibility are involved in the planning process may be a way of changing misconceptions and permit the planners to arrive at educational objectives that respond to the needs of all.

Step 5: Setting Learning Goals and Objectives

Setting goals and objectives is a process of making explicit what to teach. Goals may be characterized as a general declaration of intent, or a contract between the practice and education collaborators on what the ultimate outcomes of the continuing education undertaking are to be. Generally, considerable negotiation is involved as representatives of the two systems examine needs, options, priorities, resources, and similar considerations.

Objectives are concise statements setting forth what a given educational program unit intends to achieve. If the objectives are specific enough, they enable the planners to make good decisions about instruction. Clear objectives are difficult to write, but they are important for three main reasons. First, objectives facilitate communication between learners and teachers – both then know and accept what the continuing education program is designed to cover. Secondly, objectives guide the teacher in making a rational and efficient selection of learning-teaching activities. Thirdly, they are essential for evaluation: measuring outcome is contingent on clear objectives. They guide the students as they learn, and they guide the teacher in determining how adequately learning is facilitated and the extent to which learning is achieved.

Step 6: Determining Resources

The major resources needed to implement a continuing education program are of three kinds, all of which will be facilitated by the existence of collaborative relationships. These are constituent support, funding, and personnel. A base of constituent support will be established by the practice system once it is directly involved in the project.

The extent of funding will depend on budgetary requirements. Unless grants from government or foundation sources are available, the planners will find it necessary to investigate possible sources of support. A primary source, and often the most fruitful, is the practice agencies who are direct beneficiaries of the training. A contract may cover specified costs such as instruction, the development of training materials, or program support staff. Various kinds of arrangements may be conceived to get additional support, in cash or in kind. The school may agree to assign faculty as a part of their regular duties without additional compensation. Organizations may contribute a set sum in exchange for the participation of a number of their staff in the training. Planning committee members may be instrumental in soliciting contributions from interested groups. Many nontraditional funding sources for continuing education exist and need to be explored. These include benevolent organizations, private foundations, civic and service organizations, labor and political groups, industry, and private agencies. Even though they may be unrelated to social work or to mental health, the program goals may be of sufficient interest to them to warrant their support.

The key personnel who must be secured are those responsible for administration and planning and those who guide the instructional experience. Program support staff are needed to assist the coordinator and planners in the detailed work of implementing plans. Teaching faculty in continuing education programs are recruited according to the particular expertise programs require, as well as their skill in teaching experienced adults. Early exploration of sources for faculty, within the state and outside, will facilitate the eventual choices.

Step 7: Readjusting Plans

A readjustment of plans may be necessary at any stage of the educational process, which could be triggered by a number of factors. There could be changes in the external environment of the collaborating organizations, such as budget cuts or new allocations of funds, new legislation affecting the provision of services, or policy modifications. There may be changes in the internal environment, such as turnover in the planning group, a change in administrative leadership, or a change in the availability of key faculty. Problems may be revealed in the course of the learning that had not been anticipated. This may lead to a decision to refocus learning to deal with these problems before returning to the original curriculum. Planning is a fluid process that must remain responsive to changing needs at the same time that it maintains a clear focus on goals.

THE IMPLEMENTATION PHASE

Continuing education programs vary considerably in duration. A program that aims to help an organization revise its service focus, expand its services into new areas, or change its administrative structure will require time. When goals are long-range and the scope of planning broad, time is an important element. To achieve institutional change, continuing education needs time to be an effective force for revitalization and redirection. Likewise, education focused on changes in participant behavior recognizes that learning is cumulative and reenforcement is necessary.

A short-term discrete program with limited objectives may well produce desirable learning results. A series of short-term workshops, seminars, courses, or other programs devised within a comprehensive plan and addressed to the same or different learner groups, may be necessary to produce developmental changes in an organization. If resources are found to be insufficient, it may be necessary to scale down goals, establish new priorities and devise more realistic plans. It is equally possible that effective planning will uncover more resources than previously thought available.

Program implementation requires consideration of the five steps shown in Figure 1 and discussed below.

Step 1: Enlisting Participants

Although categories of learners and areas of learning will have been specified in the course of planning (e.g., management training for administrative staff in mental health centers, or advancing the consultation skills of state consultants who work with contract agencies), the enrollment of individual participants still will be required. Generally, when staff have participated in discussions about the organization's goals and services or have been oriented to the proposed changes, or when they have shared in the assessment of needs, there is identification with the organization's plans and a commitment to learning. Frequently, however, only representatives of organizations participate in such a process, and it becomes necessary to inform others about the training programs in order to stimulate interest.

The selection of participants may be a decision that each agency chooses to undertake for itself. Publicity about the programs can be of considerable benefit in making known objectives, content, scheduling, and other essential information. The planners are an important link to the groups they represent and may be influential in engaging the interest of potential participants. Word of mouth from those already motivated is an effective way to involve colleagues. A variety of ways of reaching groups may be devised, including letters of invitation. Individual motivations must not be overlooked even when the institution is accepted as the primary beneficiary. Personal incentives, such as orientation to new areas of knowledge or learning to become increasingly effective with clients, are as important in arousing interest as is the goal of improving the overall effectiveness of agency programs.

Step 2: Selecting and Developing Content

Although the educational package may be developed in a collaborative process, the skill of the educator becomes increasingly important at this point. The instructional content will be determined by the objectives, but modifications will be possible at any time as participant needs become evident.

To assure coverage of relevant content and to provide for a sequential flow of learning, a curriculum plan is necessary. How detailed it should be will depend on such factors as the faculty available to teach it, the information available from agency and learner, and the continuity required from session to session. When the same faculty are responsible for an educational program and when they have been able to share in the planning process, such continuity is more easily assured. Faculty are sometimes recruited from another city or state, which precludes their participation in the planning. When their sessions are part of an ongoing series, it is essential that they be informed of the exact nature of the contribution expected from them. In such circumstances, a detailed plan that elaborates the overall goals of the program, the specific objectives of the individual sessions, the content areas to be covered, how each session relates to those that precede and follow it, and pertinent information about the learners and their organizations can be an important guide.

Specificity in a curriculum plan should not mean such rigid prescription that faculty prerogatives and initiative may be stifled. It is necessary only to the extent that it will help the instructor focus on the desired learning and assure the progression required. Simulations, videotapes, role plays, case studies and similar teaching aids may be included in a curriculum plan for use by the instructor as needed.

An educational program that utilizes various instructors requires rigorous coordination. One person, or a team of two, must carry responsibility for coordination, transition between sessions, keeping the full planning group apprised of progress and difficulties, and recommending to them a change of course as this appears necessary.

Step 3: Designing the Format

Continuing education has the advantage of not being required to adhere to a prescribed format. The design of the learning process may take any variety of forms, limited only by the ingenuity of the planners and faculty. They may be workshops, seminars, institutes, or courses of long or short duration. It is an aspect of planning that calls for a certain amount of inventiveness so that the content and process of learning can be adapted to the learners under conditions most conducive to achieving the objectives. A flexible format facilitates efforts to keep learning in focus.

Once overall goals are articulated, they become the framework within which specific programs, or instructional units, are planned. Full liberty is available to the planners to devise one or several formats. Frequently a series of short-term learning events is designed, each with specified objectives, each building upon those that preceded it and together contributing to the overall goals. Each unit, in defining its objectives, may take into consideration changes resulting from preceding educational efforts or events external to the training. Continuous planning and ongoing evaluation make this possible.

Step 4: Selecting Faculty

The selection of faculty for given programs focuses on two major areas of expertise – content knowledge and teaching competence. Both are indispensable; one cannot substitute for the other. Solid knowledge of the subject matter is enhanced when the instructor also is familiar with the field of practice and the professional settings in which the participants work. Of equal importance is the educator's ability to create a forum that permits lively communication and interchange, where relevant knowledge and experience that exist within the group are used as a dynamic in the classroom, where problem solving helps the learner discover new ways of dealing with his or her problems, and where the educator's articulation of generalizations and concepts will become tools to use in dealing with practice problems in the future. The dynamics of the andragogical concept of learning and teaching is represented in this process.[1]

Elements of the teaching skill in continuing education include an ability to individualize learners, to establish quickly their levels of sophistication and learning preferences, and to make a judgment about what teaching approaches lend themselves to given content at a given time.

Faculty selection is the responsibility of the planning group. Frequently criteria for selection are agreed on, names are proposed, and the coordinator or a subgroup is designated to follow through. The strengths of the entire community may be tapped to find the needed expertise. The school of social work and other departments of the university are valuable sources, as is the practice field, which frequently produces teaching and consultation talent. Most continuing education programs draw heavily on the resources available locally because of budgetary restraints. Persons of national or international eminence are invited when possible. Charisma is a desirable quality in a continuing education faculty member, but so are hard work, solid preparation, a personal style in engaging learners, flexibility, and a readiness to accept and utilize counsel.

Preparation of faculty for a given assignment is necessary even with experienced and successful instructors. The continuing education coordinator must consider it his or her role to orient instructors, to tune them in to the learner group, the expectations of their agencies, the climate of learning, and the total educational effort. He or she must assure that critical attention is given to the nature of the teaching art he or she practices. When possible, instructors should be included on the planning team, share the commitment of the other planners, and feel more fully invested in it. It is important as well that instructors reassess with the planning team the applicability of the chosen format.

Step 5: Delivering the Educational Program

However thorough the preparatory steps, the participant group in a continuing education program is never as well-known as the learner groups in academic programs. Therefore it is essential to remain constantly alert to unanticipated gaps in knowledge as well as unexpected areas of strength among the learners. The range of experience and the nature and level of education among them often is very broad.

Two guides will be useful for the instructor. First is to assure that learning is linked experientially to what is expected of the participants on their jobs. The opportunity to utilize new concepts and put them to the test is an immediate payoff. Second is to have a continuous system of feedback. This will permit the instructor to modify the educational program, redefine content aspects, or revise the structure or climate of learning. Feedback may indicate, for example, that a group may be happier and more functional when their learning takes place in a structured environment. Various strategies may be utilized. Homework assignments that are agency-based, experimental, and experiential may provide useful feedback. Class interactions help the instructor become aware of needs. Listening to informal comments at coffee breaks or planning a periodic consultation with the entire group may be equally useful.

THE EVALUATION PHASE

Formative evaluation, as described above, is an ongoing process of following the progress of an educational effort, assessing its effectiveness, and identifying weaknesses in order to change them. Regularized monitoring and feedback mechanisms built into the education design will facilitate a step-by-step review of progress. A summative evaluation at the conclusion of the program verifies outcomes in relation to the original goals. The risk of receiving inadequate feedback on the usefulness of an educational effort to the organization is considerably reduced when a collaborative arrangement exists. The impact of a given educational program may be evident immediately when participants are able to apply what they have learned and report the results, or when structural or program changes are put into effect soon and their usefulness made known. It may happen, also, that the full benefits will not become evident until a much later time, perhaps so late that the changes will not be attributed to the educational program.

Much evaluation relies on value judgments and is therefore subjective. Whether or not more objective research to measure the impact of an educational program on a given group of learners is justified will depend on how and for what purpose the evaluative data is to be employed, as well as the cost involved. Less scientific approaches, including description and anecdote, may be adequate in most programs and provide sufficient guidance to make continued planning efficacious.

A continuing education program may be evaluated in relation to its impact on the learner, the practice system, the educational system, and with respect to the collaborative process, as shown in Figure 1 and discussed here.

Step 1: The Learner – Job Performance

Three aspects are important in an evaluation of the impact of an educational experience on individual learners: the motivation or commitment that influenced them to participate, their reaction to the learning experience, and the use they were able to make on the job of newly acquired insights, including attitudinal changes. Interest in participating may have been enhanced by the fact of collaboration between the practice and education systems, by the value placed on this learning by their organization, or by the fact that they would be expected to benefit from and demonstrate the use of this knowledge in subsequent work situations. It would be of interest to establish the extent to which these factors influenced participation. Furthermore, it would be useful to know if interest was enhanced because the learning was to be incorporated in a context that had meaning to them, or because they had a role in the initial planning.

In discussions about the learning experience, it would be of value to discover if it met the participants' expectations, if they learned what they had come to learn, if it helped them understand and accept the organization's changing goals and priorities, and what benefits they derived from their investment in learning. Equally helpful would be identification of unsatisfactory aspects. Both content and the quality of instruction should be evaluated.

The extent to which the learning was considered useful and consequently applied in practice would be important to know. Changes in attitude could be established, such as greater assurance and skill in dealing with problems that previously seemed intractable, ability to make sounder decisions, or better understanding of the views of those in other levels of the system. A change in feeling of self-esteem or self-achievement would be important. Questions related to changes in their performance that are attributable to the educational experience would demonstrate the value of the learning to the organization. Evidence that improved services to clients resulted from the learning acquired would be significant.

Step 2: The Practice System – Achievement of Objectives

In evaluating an educational program, the established goals and objectives are the criteria for measurement. In the course of educational planning it is frequently necessary to be sensitive to possible resistance to change, especially among personnel who feel threatened by it. Education may have to focus, in such instances, on helping participants understand better the organization's changing goals, and accept these as their own. Education also may have been designed to enhance staff relationships within and between levels. Evaluation could give evidence of the effectiveness of such efforts.

Benefits from a continuing education effort will be evident by the extent to which planned structural program delivery or policy changes were implemented, how services to clients were affected, what changes in attitude and performance were noted in the staff, and what influence the total experience had on staff morale. Benefits also can be measured by the attitude toward change evident in the organization's leadership, and their readiness to alter policies and practices to keep services at effective levels in times of financial stringency and changing needs. In a final evaluation, it would be important to examine the educational process, how the total series of continuing education programs contributed cumulatively to the desired changes, what long-range goals came to fruition, what unplanned benefits were realized, and how economically these results were brought about.

Constructive critique also might uncover unmet expectations, problems that arose because of factors which could have been controlled, as well as those which resulted from external causes, and other obstacles. Evaluations often conclude with the identification of new needs requiring attention, and sometimes with a plan for moving into a new collaborative effort, hence completing the circuitous process depicted in Figure 1.

Step 3: The Educational System – Achievement of Objectives

The fact of its close involvement in a collaborative arrangement presupposes that the school of social work affected and was affected by the practice system. The school's assessment of its experience in such collaborative endeavors is important to its continuing role, commitment, and support for this type of continuing education activity in the future.

The potential benefit of its direct immersion into the mainstream of developments in practice are many, among them the opportunity to gain a greater awareness of the needs of the system, as well as the ways in which contemporary service delivery problems change service roles and manpower requirements. Such knowledge can contribute to curriculum updating, to enrichment of teaching content, to better problem definition and problem solving, and to making basic degree and nondegree education more relevant to service in the field.

The interaction of individual faculty with practice professionals on a sustained basis permits them to bring the reality of first-hand experience with critical operational problems to their contacts with students. Teaching experience in continuing education has the potential of making the teacher more aware of the learning-teaching interaction and of the need to engage learners in a process of working and searching together.

Step 4: Both Systems – Satisfaction with Collaboration

Collaboration may be evaluated in two ways: as a concept in the provision of continuing education and as an experience carried through by two systems. The process of collaboration calls for thoughtful scrutiny to establish how well it can contribute to the success of a continuing education undertaking. Programs carried out in partnership are based on the assumption that knowledge is central to professional practice, that the need for it is continuous, and that the responsibility for helping practicing professionals remain up-to-date is one they share. It will be important to reflect on the advantages and benefits of joint efforts, of conferring with some frequency with one another, of planning programs based on the judgments and insights of both, and of granting resources that each needs from the other.

The evaluation of an experience concluded is useful in relation to questions such as these:

1. Was the collaborative process used to full advantage, was it really a partnership, and was the planning group fully involved in all aspects? If not, what obstacles prevented a maximum relationship?
2. Did communication and joint efforts reduce the distance between the two systems so that trust and rapport could develop? Was collaboration reenforced in the course of the relationship?
3. Was there mutual satisfaction in the knowledge that the school of social work is aware of the problems of service organizations and ready to bring its resources to the service of their staff?
4. Recognizing the rapidly growing importance of continuing education, what follow-up was given to it by each of the partners – by the school of social work to strengthen its capacity to provide it, and by the practice system to give it greater priority?

NOTE

1. John D. Ingalls, *A Training Guide to Andragogy*, rev. ed. (Washington, D.C.: U.S. Government Printing Office, 1973).

Appendix A — Participants

PROGRAM ORGANIZATION AND STAFF, 1974-1977

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*The job titles listed here represent the posts held at the time they served on the pilot teams. These persons left to assume new positions.

Appendix B

PRACTICE SYSTEMS AND EDUCATIONAL INSTITUTIONS REPRESENTED AT THE WORKSHOP ON "CONTINUING EDUCATION FOR THE COMMUNITY MENTAL HEALTH SYSTEM" APRIL, 1976, CHICAGO, ILLINOIS

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